

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000006359

1. Entity Name  
BARTLETT SERVICES, INC.



FILED

05 DEC 28 PM 4:58

SECRET  
TALLAHASSEE

Principal Place of Business  
60 INDUSTRIAL PARK ROAD  
PLYMOUTH, MA 02360

Mailing Address  
PO BOX 1800  
PLYMOUTH, MA 02362

*HA*



REINSTATEMENT 2005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
04-2797831

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEOPLES, WILLIAM  
1409 CANAL POINT ROAD  
LONGWOOD, FL 32750

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*William Peoples*

12-27-2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	NEVELOS, WILLIAM	
STREET ADDRESS	60 INDUSTRIAL PARK ROAD	
CITY-ST-ZIP	PLYMOUTH, MN 02360	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCISAAC, PAUL M	
STREET ADDRESS	60 INDUSTRIAL PARK ROAD	
CITY-ST-ZIP	PLYMOUTH, MN 02360	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300062161693
CITY-ST-ZIP	12/14/05--01045--004 **\$750.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paul M. McIsaac*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-12-05 (508) 591-1111