

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F24930

1. Entity Name

HARTLE INVESTMENT COMPANY

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90028 036 \*\*\*150.00

Principal Place of Business	Mailing Address
970 W. BROADWAY #372 JACKSON WY 83001-9475 US	970 W. BROADWAY #372 JACKSON WY 83001-9475 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-2179006	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, PAMELA A  
1650-2 BEACH AVENUE  
ATLANTIC BEACH FL 32233

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	VESEY, CAROLYN	
STREET ADDRESS	10285 OSPREY TRACE S	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARTLE, HAL M	
STREET ADDRESS	P O BOX 659	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JOHNSON, PAMELA	
STREET ADDRESS	1650-2 BEACH AVENUE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	TMD	<input type="checkbox"/> Delete
NAME	HARTLE, JAMES F. JR.	
STREET ADDRESS	970 W. BROADWAY, #372	
CITY-ST-ZIP	JACKSON WY 83001-9475	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James F. Hartle, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)