## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

## FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # F24930** HARTLE INVESTMENT COMPANY 01-25-2001 90227 033 \*\*\*150.00 Principal Place of Business Mailing Address 970 W. BROADWAY 970 W. BROADWAY #372 $\mathbf{U} \cdot \mathbf{U} \cdot \mathbf{W} \cdot \mathbf{U} \cdot \mathbf{U}$ JACKSON WY 83001-9475 JACKSON WY 83001-9475 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2179006 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Johnson, Pamela a Street Address (P.O. Box Number is Not Acceptable) 1650-2 BEACH AVENUE ATLANTIC BEACH FL 32233 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete ☐ Change ☐ Addition TITLE TITLE VESEY, CAROLYN NAME NAME 10285 OSPREY TRACE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33412 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition HARTLE, HAL M NAME NAME STREET ADDRESS P O BOX 659 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL 33921** TITLE Delete TITLE ☐ Change ☐ Addition JOHNSON, PAMELA NAME NAME STREET ADDRESS 1650-2 BEACH AVENUE STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH FL 32233 CITY-ST-7IP **TMD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARTLE, JAMES F. JR. NAME NAME STREET ADDRESS 970 W. BROADWAY, #372 STREET ADDRESS CITY-ST-ZIP JACKSON WY 83001-9475 CITY-ST-ZIP ☐ Change ☐ Defete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #