

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90072 021 \*\*\*150.00

UBR-210 AI

**DOCUMENT # F98000001871**

1. Entity Name

**BARTOLINI FINANCE CORPORATION**

Principal Place of Business

**1850 E. MAIN ST.  
 MESA AZ 85203**

Mailing Address

**1850 E. MAIN ST.  
 MESA AZ 85203**

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

**86-0812783**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BARTOLINI, ROBERT R  
 2626 S. FEDERAL HWY.  
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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

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

(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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	BARTOLINI, EDWARD M	7526 EAST CORRINE RD	SCOTTSDALE AZ 85260	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BARTOLINI, ROBERT R	7707 NW 47TH DR.	CORAL SPRINGS FL 33067	<input type="checkbox"/>	PRESIDENT	ROBERT R BARTOLINI	9290 E THOMPSON PEAK PKWY #203	SCOTTSDALE, AZ 85255	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	SECRETARY	JAMES E BARTOLINI	9290 E THOMPSON PEAK PKWY #203	SCOTTSDALE, AZ 85255	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	SECRETARY	ROBERT O BARTOLINI	9290 E THOMPSON PEAK PKWY #203	SCOTTSDALE, AZ 85255	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Robert R Bartolini*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02  
 Date

561-272-2489  
 Daytime Phone #

CR2E034 (9/01)