

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90013 007 ***150.00

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

2626 S FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH, FL

Zip

Country

Zip

33483

Country

U.S.A.

02252004

Chg-P

CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **BARTOUNI, JAMES E**
STREET ADDRESS **9290 E. THOMPSON PEAK PKWY #203**
CITY-ST-ZIP **SCOTTSDALE, AZ 85255**

TITLE **VD** ☐ Delete
NAME **BARTOLINI, ROBERT R**
STREET ADDRESS **9290 E. THOMPSON PEAK PKWY #203**
CITY-ST-ZIP **SCOTTSDALE, AZ 85255**

TITLE **S** ☐ Delete
NAME **BARTOLINI, ROBERT O**
STREET ADDRESS **9290 E. THOMPSON PEAK PKWY #203**
CITY-ST-ZIP **SCOTTSDALE, AZ 85255**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Change ☐ Addition
NAME **BARTOLINI, JAMES E**
STREET ADDRESS **9290 E THOMPSON PEAK PKWY #203**
CITY-ST-ZIP **SCOTTSDALE, AZ 85255**

TITLE **P** ☒ Change ☐ Addition
NAME **BARTOLINI, ROBERT R**
STREET ADDRESS **9290 E THOMPSON PEAK PKWY #203**
CITY-ST-ZIP **SCOTTSDALE, AZ 85255**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **(X) Robert R Bartolini**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/04

954-224-5334

Date

Daytime Phone #