

# 2003. FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # H54136

1. Entity Name  
BART, INC.



FILED

03 JAN 30 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
% THE PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301

Mailing Address  
% THE PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

03

4. FEI Number 59-2592191

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SVPS  
NAME MILLER, JERRY  
STREET ADDRESS 301 S COLLEGE ST  
CITY-ST-ZIP CHARLOTTE NC 28288-0630 ☒ Delete

TITLE Assistant Secretary  
NAME Beverly W. Jackson  
STREET ADDRESS 301 South College Street  
CITY-ST-ZIP Charlotte, NC 28288-0630 ☐ Change ☒ Addition

TITLE SVP  
NAME ANDERSON, ROBERT L  
STREET ADDRESS 301 S. COLLEGE ST  
CITY-ST-ZIP CHARLOTTE NC 28288-0630 ☐ Delete

TITLE SVP  
NAME Robert L. Andersen  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME MILLER, JERRY  
STREET ADDRESS 301 S. COLLEGE ST  
CITY-ST-ZIP CHARLOTTE NC 28288-0630 ☒ Delete

TITLE Director  
NAME Michael Watkins  
STREET ADDRESS 301 South College Street  
CITY-ST-ZIP Charlotte, NC 28288-0630 ☐ Change ☒ Addition

TITLE V  
NAME MULLIS, CAROL R  
STREET ADDRESS 301 S. COLLEGE ST  
CITY-ST-ZIP CHARLOTTE NC 28288-0630 ☐ Delete

TITLE Vice President  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

000011414230

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *Carol R. Mullis* Carol R. Mullis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2003

Date

(704) 374-6612

Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

20FZ

ACCOUNT NO. : 072100000032

REFERENCE : 913610 167868A

AUTHORIZATION

COST LIMIT : \$ 150.00

*Patricia Pajuta*

ORDER DATE : January 30, 2003

ORDER TIME : 2:16 PM

ORDER NO. : 913610-015

CUSTOMER NO: 167868A

CUSTOMER: Ms. Mindi O'hayre  
Wachovia Corporation  
One First Union Center, Nc0630  
301 South College Street-30th  
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: BART, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore-EXT#1147

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
03 JAN 30 PM 3:51  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA