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

## K71957 DOCUMENT #

1. Entity Name

BARTOW ELECTRONICS, INC.



## Mar 10, 2003 8:00 am § Secretary of State **FILED**

03-10-2003 90117 012 \*\*\*150.00

		·				WE TO	7					
Principal Place of Business % JOHN THOMAS				Mailing Address % JOHN THOMAS								
535 EAST MAIN ST			535 EAST MAIN ST									
BARTOW FL 33830 BARTOW FL 3383				OW FL 33830	8630							
2. Principal Place of Business 3.				3. Mailing Address				1 1881 WILL BEF ANNUA SCORE TO SEL DESEL CO	II BIBIN BIBI		(BI# B#B#) (BB)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 59-2953361 Applied For Not Applicat				
Zip -	Zip Country		Zip	Zip Cou		try	5. Certificate of Status Desired			\$8.75 Additional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
THOMAS, JOHN						Name						
535 E. MAIN ST				Street Addr			(P.O. Box Number is Not Acceptable)					
BARTOW FL 33830												
		Þ				City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	e	
	named entity tions of registe		r the purp	ose of changing its	registere	ed office or regist	ered aç	gent, or both, in the State of Florida	. I am far	niliar with,	and accept	
SIGNATURE .	Signature typed o	r printed name of registered agent	and title if ann	licable (NOTE	- Renistered	d Agent signature requir	ed when	rainstation)	DATE			
			and the it app	Wasie. (NOTE	····	o Agent alghalore requi	ed when	Tourseaux agy	- DAIL			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financ     Trust Fund Contribution.	ing 🗆		May Be I to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		Al	. L DDITIONS/CHANGES TO OFFICE	RS AND E	IRECTOR	3 IN 11	
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NAME	JOHN, SAF				NAME	E						
STREET ADDRESS		TVIEW LANE				ET ADDRESS					ł	
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	portify that the	information aumalical with	this filler	doce not qualify for			Contine	. 110 07/2\/ii\ Elorida Statutas I furt	har aad!f.	, the state of the	formation	

I hereby certify that the information supplied with this filling 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:

SIGNATURE PROUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-533-4558