

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90179 015 ***150.00

DOCUMENT # K75943

1. Entity Name

KAREN T. BARTLETT & ASSOCIATES, INC.

Principal Place of Business

5020 TAMiami TRAIL NORTH
 STE 116
 NAPLES FL 34103
 US

Mailing Address

5020 TAMiami TRAIL NORTH
 STE 116
 NAPLES FL 34108-8114
 US

2. Principal Place of Business

6141 Pelican Bay Blvd

3. Mailing Address

6141 Pelican Bay Blvd

Suite, Apt. #, etc.

#19

Suite, Apt. #, etc.

#19

City & State

NAPLES FL

City & State

NAPLES, FL

Zip

34108

Country

USA

Zip

34108

Country

USA

4. FEI Number

58-1843925

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

BARTLETT, KAREN T.
 6141 PELICAN BAY BLVD
 #19
 NAPLES FL 33963

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, 2000 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	PST	<input type="checkbox"/> Delete
NAME	BARTLETT, KAREN T.	
STREET ADDRESS	6141 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTLETT, KAREN T.	
STREET ADDRESS	6141 PELICAN BAY BLVD #19	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-00 941-591-0006