

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

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90146 048 ***150.00

DOCUMENT # **K75943**

1. Entity Name

KAREN T. BARTLETT & ASSOC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6141 Pelican Bay Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NO. 19

City & State

City & State

NAPLES, FL

Zip

Country

Zip

Country

34108

USA

4. FEI Number

581843925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KAREN T. BARTLETT

Street Address (P.O. Box Number is Not Acceptable)

6141 Pelican Bay Blvd #19

City

NAPLES FL

FL

Zip Code

34108

**DO NOT WRITE
IN THIS SPACE**

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

Karen T. Bartlett

(No changes)

KAREN T. BARTLETT

5-5-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAREN T. BARTLETT PRESIDENT,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6141 Pelican Bay Blvd #19 NAPLES, FL 34108
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen T. Bartlett

KAREN T. BARTLETT

5-5-03

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591-0006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)