## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 28, 2000 8:00 am Secretary of State **DOCUMENT # M73538** 1. Entity Name HANNAH - BARTOLETTA CONSTRUCTION, INC. 01-28-2000 90116 001 \*\*\*150.00 Principal Place of Business Mailing Address 19001 SUNLAKE BLVD 19001 SUNLAKE BLVD LUTZ FL 33549 LUTZ FL 33549-4949 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-2879333 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KREISCHER, ALBERT C'JR Street Address (P.O. Box Number is Not Acceptable) **FUENTES AND KREISCHER** 1407 W BUSCH BLVD **TAMPA FL 33612** 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. (NOTÉ: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE ☐ Delete BARTOLETTA, JAMES M. NAME NAME 19001 SUNLAKE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL DVS ☐ Addition ☐ Change TITLE Delete TITLE HANNAH, CHARLES A. NAME NAME 19001 SUNLAKE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 3JTIT ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS ..... ST Zin CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 41111 NAME STREET ADDRESS .: HILL: ADDRESS ST 7IP CITY-ST-ZIP 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 susteed 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.

HANNAH BARTOLETTA

01/17/00

277-0777