

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007074

FILED
Apr 16, 2009
Secretary of State

Entity Name: U.B.T.S. BARTKIW, INC.

Current Principal Place of Business:

12002 DAROCO LANE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

12002 DAROCO LANE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 37-1516748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETER, BARTKIW
12002 DAROCO LANE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARTKIW, PETER
Address: 12002 DAROCO LANE
City-St-Zip: NORTH PORT, FL 34287

Title: SEC. () Delete
Name: GORDON, MICHAEL
Address: 3251 TUCSON ROAD
City-St-Zip: NORTH PORT, FL 34286

Title: VP () Delete
Name: SAUCHUK, SERGE
Address: 600 LATHAM DRIVE, WYNNEW
City-St-Zip: WYNNEWOOD, PA 19096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL GORDON

SEC

04/16/2009

Electronic Signature of Signing Officer or Director

Date