

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004814

1. Entity Name

CHARACTER EDUCATION OF BARTOW, INC.

FILED

Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90053 027 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 28
BARTOW FL 33831

P.O. BOX 28
BARTOW FL 33831

2. Principal Place of Business

3. Mailing Address

755 S. FLORAL AVE

755 S. FLORAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BARTOW, FL

City & State

BARTOW, FL

4. FEI Number

65-0784652

Applied For

Not Applicable

Zip

33830

Country

POLK

Zip

33830

Country

POLK

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

VENT, MARY O
1190 E GEORGIA ST
BARTOW FL 33830

Name

PAUL E. PUCKETT

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

755 S. FLORAL AVE

City

BARTOW

FL

Zip Code

33830

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

Paul E. Puckett

PAUL E. PUCKETT, PRESIDENT

1-30-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME P
PUCKETT, PAUL E
STREET ADDRESS 755 S FLORAL AVE
CITY-ST-ZIP BARTOW FL 33830 ☐ Delete

TITLE NAME TREAS.
CHILES, ELIZABETH
STREET ADDRESS 740 MANOR DRIVE
CITY-ST-ZIP BARTOW, FL 33830 ☐ Change ☒ Addition

TITLE NAME T
VENT, MARY O
STREET ADDRESS 1190 E. GEORGIA ST.
CITY-ST-ZIP BARTOW FL 33830 ☒ Delete Deceased

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME D
LANG, LOUISE
STREET ADDRESS 665 W. MCLEOD
CITY-ST-ZIP BARTOW FL 33830 ☐ Delete

TITLE NAME D
LANG, LOUISE
STREET ADDRESS 665 W. MCLEOD
CITY-ST-ZIP BARTOW, FL 33830 ☒ Change ☐ Addition

TITLE NAME D
LEWIS, CLIFTON
STREET ADDRESS 790 WALDRON AVENUE
CITY-ST-ZIP BARTOW FL 33830 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME D
MARCHMAN, EDA
STREET ADDRESS 1625 WALLACE AVENUE
CITY-ST-ZIP BARTOW FL 33830 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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:

Paul E. Puckett (PAUL E.) PUCKETT, PRESIDENT 2-25-02 863-533-3487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)