

FILED
May 22, 2001 8:00 am
Secretary of State

04-23-2001 90158 027 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000685

1. Entity Name

BRIAN BARTLETT, INC.

Principal Place of Business 27874 INDUSTRIAL ST. BONITA SPRINGS FL 34135	Mailing Address 27874 INDUSTRIAL ST. BONITA SPRINGS FL 34135
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2. Principal Place of Business 27665 OLD 41 ROAD. Suite, Apt. #, etc. 2	3. Mailing Address 27665 OLD 41 ROAD Suite, Apt. #, etc. 2
City & State Bonita Springs FL.	City & State Bonita Springs FL.
Zip 34135	Country Lee

4. FEI Number 65-0972015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BARTLETT, BRIAN 27874 INDUSTRIAL ST. BONITA SPRINGS FL 34135	7. Name and Address of New Registered Agent Name: Brian Bartlett Street Address (P.O. Box Number is Not Acceptable): 27665 OLD 41 ROAD. UNIT 2 City: Bonita Springs FL Zip Code: 34135
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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: Brian Bartlett Brian Bartlett DATE: 04-16-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D BARTLETT, BRIAN 27874 INDUSTRIAL ST. 3421 Pointe Creek Court A205 Bonita Springs FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brian Bartlett Brian Bartlett DATE: 04-16-01 DAYTIME PHONE #: 941-390-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)