

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90237 029 ***150.00

DOCUMENT # P00000019725

1. Entity Name
BARTRAM INVESTMENTS, INC.



Principal Place of Business
~~13361 ATLANTIC BLVD.~~
~~JACKSONVILLE FL 32225~~

Mailing Address
~~13361 ATLANTIC BLVD.~~
~~JACKSONVILLE FL 32225~~



2. Principal Place of Business
2325 ULMERTON RD

3. Mailing Address
2325 ULMERTON RD

Suite, Apt. #, etc.
SUITE 20

Suite, Apt. #, etc.
SUITE 20

☐ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FLA

City & State
CLEARWATER FLA

4. FEI Number
59-3708290

Applied For
☐ Not Applicable

Zip
33762 Country
USA

Zip
33762 Country
USA

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

~~GILES, JOEL B~~
~~CARLTON FIELDS, P.A.~~
~~200 CENTRAL AVENUE SUITE 2300~~
~~ST. PETERSBURG FL 33701~~

Name
GREGORY D. MORRIS
Street Address (P.O. Box Number is Not Acceptable)
2325 ULMERTON RD
STE 20
City
CLEARWATER FL Zip Code
33762

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

2/25/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEEL, VAN L 5401 WEST KENNEDY BLVD. SUITE 751 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DODSON, J THOMAS JR 13361 ATLANTIC BLVD. JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, GREGORY D 2325 ULMERTON ROAD, SUITE 20 CLEARWATER FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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"/> Change <input type="checkbox"/> 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 607, 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: *[Signature]* **GREGORY D. MORRIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03
Date

727. 576.6424
Daytime Phone #

CR2E034 (10/02)