

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003017

1. Entity Name
BOB BARTEL INC

Principal Place of Business
603 E. WARREN AVE
LONGWOOD FL 32750

Mailing Address
603 E. WARREN AVE
LONGWOOD FL 32750

603 E Warren Ave.

2. Principal Place of Business
603 E Warren Ave.

3. Mailing Address
Same

Suite, Apt. #, etc.

Longwood, FL

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State

Zip

32750

Zip

Country

Country

4. FEI Number
59-3690326

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTEL, ROBERT B
603 E. WARREN AVE
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert B. Bartel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTEL, ROBERT B		NAME	
STREET ADDRESS	603 E. WARREN AVE		STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONG, JAMES S		NAME	
STREET ADDRESS	603 E. WARREN AVE		STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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:

Robert B. Bartel Pres
Robert B. Bartel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-02 407-332-8242

Date

Daytime Phone #

CR2E034 (4/02)