2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000003017

1. Entity Name

BOB BARTEL INC

FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90114 026 ***150.00

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Principal Pl. 603 E. WAF LONGWOOD		603	ing Address E. WARREN AVE IGWOOD FL 32750) (33/437) (() A0/01 ((0)/ 60/11 08/		iiei 1884 18	IO. HOM YOU YOU	
2. Principal	Place of Business	3. Ma	ailing Address	<u>.</u>	72	_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		Cit	City & State			4.	4. FEI Number 59-3690326			Applied For Not Applicable	
Zip	Country	Zip		Countr	ry `	5.	Certificate of Status Desired		8.75 A	dditional	
	6. Name and Address of C	urrent Register	ed Agent			7.	Name and Address of New Re				
	ROBERT B				Name			giotete A	gent		
	Varren ave Dod Fl 32750			_			ox Number is Not Acceptable)	<u>.</u>		<u> </u>	
					City	<u> </u>		FL	Zip Co	-de	
8. The above	e named entity submits this stater ations of registered agent.	ment for the purp	pose of changing its	registered	office or regi	istered ag	ent, or both, in the State of Flori	da Lamfa	miliar with	and accord	
SIGNATURE						-		aa. Tarrig	TIMICAL WILL	г, али ассерг	
	Signature, typed or printed name of registere		olicable. (NOTE	: Registered A	Agent signature req	uired when re	instating)	DATE		 -	
Afte	FILE NOW!!! FEE IS \$150.0 or May 1, 2003 Fee will be \$55	50.00					9. Election Campaign Final		\$5.0	00 May Be	
Wake Check	k Payable to Florida Departm	ent of State					Trust Fund Contribution.		Adde	d to Fees	
10.	OFFICERS	ent of State AND DIRECTO	RS	11.		AD					
10. TITLE	OFFICERS PVT		RS Delete	11.	<u> </u>	ADI	Trust Fund Contribution.	ERS AND [DIRECTOR	RS IN 11	
10.	PVT BARTEL, ROBERT B 603 E. WARREN AVE			TITLE NAME STREET	ADDRESS	AD		ERS AND [
10. TITLE NAME STREET ADDRESS	PVT BARTEL, ROBERT B		□ Delete	TITLE NAME STREET / CITY-ST		AD		ERS AND [DIRECTOR	RS IN 11	
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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 the chapter 607 is a statute or contained by the corporation of the receiver or trustee empowered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered by the corporation of the corporation or the receiver or trustee empowered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered by the corporation of the receiver or trustee empowered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered by the corporation of the corporation or the receiver or trustee empowered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered by the corporation of the receiver or trustee empowered by the corporation of the receiver or trustee empowered by the corporation of the receiver or trustee empowered by the corporation of the receiver or trustee empowered by the corporation of the receiver or trustee empowered by the corporation of the receiver or trustee empowered by the corporation of the receiver or trustee empowered by the corporation of the receiver or trustee empowered by the corporation of the receiver or trustee empowered by the receiver or trustee empowered by the receiver of the receiver or trustee empowered by the receiver of the receiver or trustee empo

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