

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91326 047 ***150.00

DOCUMENT # P940000 10215

1. Entity Name

Bartholomew Real Estate Holding Corp

DO NOT WRITE IN THIS SPACE

668103

2. Principal Place of Business
950 Missouri Ave
Suite, Apt. #, etc.

3. Mailing Address
950 Missouri Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Largo Florida
Zip
33770
Country
Pinellas

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Zip
33770
Country
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4. FEI Number
59-3224622
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Joseph M Bartholomew

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

City
Largo FL Zip Code
33770

**DO NOT WRITE
IN THIS SPACE**

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

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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
D Joseph M Bartholomew
STREET ADDRESS
950 Missouri Ave
CITY-STATE-ZIP
Largo FL 33770

TITLE
NAME
D Leo Bartholomew
STREET ADDRESS
1611 Mulberry Dr
CITY-STATE-ZIP
Tampa FL 33604

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 30 2002

427 423-4464

CR2E034B (12/01)