

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064918

1. Entity Name

WILLIAM S. BARTLETT COMPANY

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90015 002 \*\*\*150.00

Principal Place of Business

1021 FOREST OAK ROAD  
WOODLAWN VA 24381  
US

Mailing Address

PO. BOX 1353  
GALAX VA 24333-1353  
US

2. Principal Place of Business

4612 NE 20th Ave

Suite, Apt. #, etc.

3. Mailing Address

4612 NE 20th Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-3256842

Applied For

Not Applicable

Zip

34479-2034

Country

USA

Zip

34479-2034

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

BORCHECK, MICHAEL  
201 NORTH NEW YORK AVENUE  
SUITE 302  
WINTER PARK FL 32789

Name

William S. Bartlett, Jr.

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

4612 NE 20th Ave

City

Ocala

FL

Zip Code

34479-2034

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

William S. Bartlett, Jr. President

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 \$150.00**  
**After MAY 1, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BARTLETT, WILLIAM S. J	
STREET ADDRESS	1021 FOREST OAK ROAD	
CITY-ST-ZIP	WOODLAWN VA 24381	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARTLETT, VELINDA M.	
STREET ADDRESS	1021 FOREST OAK ROAD	
CITY-ST-ZIP	WOODLAWN VA 24381	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4612 NE 20th Ave
CITY-ST-ZIP	Ocala, FL. 34479-2034
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4612 NE 20th Ave
CITY-ST-ZIP	Ocala, FL. 34479-2034
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

William S. Bartlett, Jr. President

Date

Daytime Phone #

CR2E034 (9/99)