

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90021 021 ***150.00

FORM 1 AT

DOCUMENT # P94000075200

1. Entity Name
BARTLETT-SHAVINGS, INC.

Principal Place of Business
18891 NE 24TH AVE
CITRA FL 32113
US

Mailing Address
PO BOX 129
CITRA FL 32113
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3291181**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BARTLETT, SHARON U.
18891 NE 24TH AVE
CITRA FL 32113

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.

SIGNATURE _____ (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, 2002 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 **DS** ☐ Delete
 NAME **BARTLETT, SHARON U.**
 STREET ADDRESS **18891 NE 24TH AVE**
 CITY-ST-ZIP **CITRA FL**

TITLE **P.** ☐ Delete
 NAME **BARTLETT, JEFFERY B.**
 STREET ADDRESS **18891 NE 24 AVE**
 CITY-ST-ZIP **CITRA FL**

TITLE **V** ☐ Delete
 NAME **BARTLETT, RICHARD C.**
 STREET ADDRESS **18891 NE 24 AVE**
 CITY-ST-ZIP **CITRA FL**

TITLE **MD** ☐ Delete
 NAME **BARTLETT, ROBERT R.**
 STREET ADDRESS **18891 NE 24 AVE**
 CITY-ST-ZIP **CITRA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Sharon U. Bartlett **1/14/02** **352-595-7188**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)