2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2000 8:00 am Secretary of State DOCUMENT # **P94000086137** 1. Entity Name LAURENCE H. BARTLETT, P.A. 02-01-2000 90043 016 ***150.00 Mailing Address Principal Place of Business 125 N RIDGEWOOD AVE 125 N RIDGEWOOD AVE DAYTONA BEACH FL 32114-3258 DAYTONA BEACH FL 32115 3. Mailing Address 2. Principal Place of Business Crotty & Bartlett. Crotty & Bartlett. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 125 N. Ridgewood Ave 125 N. Ridgewood Ave Applied For 4. FEI Number City & State 59-3281223 City & State Not Applica Daytona Beach, Fl Daytona Beach, \$8.75 Additional 5. Certificate of Status Desired Country **HSA** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Laurence Bartlett Street Address (P.O. Box Number is Not Acceptable) BARTLETT, LAURENCE H 125 N RIDGEWOOD AVE 125 N. Ridgewood Ave **DAYTONA BEACH FL 32115** Zip Code FL City 32114 Daytona Beach 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 DATE SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITI F Delete TITLE NAME BARTLETT, LAURENCE H NAME STREET ADDRESS STREET ADDRESS 125 N RIDGEWOOD AVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL _____ Change TITL F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ · · · · · ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete E State of the State of STREET ADDRESS STREET ADDRESS aut a leadhleon lar CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE 67) NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 the corporation or the receiver or trustee empowered to execute this report by required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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SIGNATURE KND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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