2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P95000004724 DOCUMENT # 1. Entity Name

Mailing Address

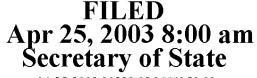
3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

505 FAIRWIND DRIVE NORTH PALM BEACH FL 33408



04-25-2003 90228 026 ***150.00

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☐ CHECK HERE IF MAKING CHANGES					
4.	FEI Number 65-0554661			Applied For	
			. [Not Applicable	
5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
7.	. Name and Address of New Registered Agent				

DATE

BARTLETT, SPAULDING Street Address (P.O. Box Number is Not Acceptable) 505 FAIRWIND DR N PALM BCH FL 33408 Zip Code

Country

8. The atove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

BARTLETT ENTERPRISES, INC.

Principal Place of Business

2. Principal Place of Business

505 FAIRWIND DR

N PALM BCH FL 33408

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition ☐ Delete BARTLETT, SPAULDING NAME NAME STREET ADDRESS 505 FAIRWIND DRIVE STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL CITY-ST-ZIP Delete TITLE Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP Change TITI F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 changed, or on an attachment with an address, with all other like empowered.