FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90364 015 ***150.00

DOCUMENT # P95000064615

1. Entity Name

Bartow Property Management

DO NOT WRITE IN THIS SPACE

820000

2. Principal Place of Business	3. Mailing Address	
19485 Saturnia Lakes Drive	19485 Saturnia Lakes Drive	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Boca Raton, FL	City & State: Boca Raton, FL	4. FEI Number: 65-0610224 ☐ Applied For ☐ Not Applicable
Zip: 33498 Country: USA	Zip: 33498 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Gary Gutenstein

Street Address (P.O. Box Number is Not Acceptable): 19485 Saturnia Lakes Drive

City: Boca Raton **FL** Zip Code: 33498

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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: P/VP	
NAME: Gary Gutenstein	
STREET ADDRESS: 19485 Saturnia Lakes Drive	
CITY-ST-ZIP: Boca Raton, FL 33498	
TITLE: S/T	
NAME: Adrienne Gutenstein	
STREET ADDRESS: 19485 Saturnia Lakes Drive	
CITY-ST-ZIP: Boca Raton, FL 33498	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/2/02 561-417-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #