

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088856

1. Entity Name

BARTLETT INTERNATIONAL SALES & DISTRIBUTION, INC

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90296 041 ***150.00

Principal Place of Business

Mailing Address

7880 BLIND PASS ROAD
ST. PETERSBURG BEACH FL 33706

P.O. BOX 67005
SAINT PETERSBURG FL 33736-7005

844860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 67005

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST PETE BEACH

Zip

Country

Zip

Country

33736

FLORIDA

4. FEI Number 59-3352133

Applied For

Not Applicable

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

BROIDA, JOEL D ESQ.
605 - 75TH AVENUE
ST. PETERSBURG BEACH FL 33706

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BARTLETT, PAMELA
STREET ADDRESS 509 55TH AVE
CITY-ST-ZIP ST PETE BCH FL 33706

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

TITLE VP ☐ Delete
NAME BARTLETT, DAVID
STREET ADDRESS 509 55TH AVE
CITY-ST-ZIP ST PETE BCH FL 33706

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

[Signature] DAVID BARTLETT

4/26/00

Date Daytime Phone #

CR2E034 (9/99)