

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004286

1. Entity Name  
**BARTRONICS INCORPORATED**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
04-26-2001 90284 006 \*\*\*150.00

Principal Place of Business

6228 ORTEGA FARMS BLVD  
JACKSONVILLE FL 32244  
US

Mailing Address

6228 ORTEGA FARMS BLVD  
JACKSONVILLE FL 32244  
US

D0041596



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6721 Stuart Ave  
Suite, Apt. #, etc.  
Unit # 11  
City & State  
Jacksonville, FL  
Zip  
32205  
Country  
USA

3. Mailing Address

6228 Ortega Farms Blvd  
Suite, Apt. #, etc.  
City & State  
Jacksonville, FL  
Zip  
32244  
Country  
USA

4. FEI Number 59-3353659

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUNDBERG, DIANE M  
6228 ORTEGA FARMS BLVD  
JACKSONVILLE FL 32244

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

*Diane M. Lundberg*  
Signature, typed or printed name of registered agent and title (applicable)  
(NOTE: Registered Agent signature required when reinstating)

4-23-01  
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, 2001 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 D ☐ Delete  
NAME LUNDBERG, JOHN G  
STREET ADDRESS 6228 ORTEGA FARMS BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE D ☐ Delete  
NAME LUNDBERG, DIANE M  
STREET ADDRESS 6228 ORTEGA FARMS BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Diane M. Lundberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 (904)771-0888  
Date Daytime Phone #

CR2E034 (10/00)