

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90048 042 ***150.00

DOCUMENT # P96000004286

1. Entity Name
BARTRONICS INCORPORATED

Principal Place of Business

**6721 STUART AVE
UNIT #11
JACKSONVILLE FL 32205
US**

Mailing Address

**6228 ORTEGA FARMS BLVD
JACKSONVILLE FL 32244
US**



2. Principal Place of Business

6721-11 Stuart Ave
Suite, Apt. #, etc.

3. Mailing Address

6228 Ortega Farms Blvd
Suite, Apt. #, etc.

**City & State
Jacksonville, FL**

**City & State
Jacksonville, FL**

4. FEI Number 59-3353659

**Applied For
Not Applicable**

Zip 32205 Country USA

Zip 32244 Country USA

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 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, 2002 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
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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

Date

Daytime Phone #

CR2E034 (9/01)