

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM****Secretary of State****DOCUMENT # P96000036763****1. Entity Name****BARTHOLOMEW & MILLER, INC.****Principal Place of Business**

3823 W SANTIAGO ST

TAMPA

33629

FL

US

Mailing Address

3823 W SANTIAGO ST

SUITE 625

TAMPA

33629

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3823 W SANTIAGO ST

Suite, Apt. #, etc.

City & State**City & State**

TAMPA

FL

Zip**Country**

33629

Country

US

4. FEI Number**59-3391907****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

MILLER MARK A

3823 W SANTIAGO ST

SUITE 3700 BARNETT PLACE

TAMPA

33629

FL

US

7. Name and Address of New Registered Agent**Name**

MILLER MARK A

Street Address (P.O. Box Number is Not Acceptable)

3823 W SANTIAGO ST

City

TAMPA

FL**Zip Code**

33629

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)

04/28/2000

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**

TITLE	V	<input type="checkbox"/> Delete
NAME	BARTHOLOMEW ROBLEY E	
STREET ADDRESS	13620 LAKE MAGDALENE DR #611	
CITY-ST-ZIP	TAMPA FL	

TITLE	PS	<input type="checkbox"/> Delete
NAME	MILLER MARK A	
STREET ADDRESS	3823 W SANTIAGO ST	
CITY-ST-ZIP	TAMPA FL 33629	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHOLOMEW ROBLEY E	
STREET ADDRESS	13620 LAKE MAGDALENE DR #611	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Mark A. Miller

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04/28/2000