

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-15-2000 90058 002 ***150.00

DOCUMENT # P97000027329

1. Entity Name
JOAN HARTLEY & ASSOCIATES, INC.

Principal Place of Business 463 SUNBURST DELTONA FL 32725	Mailing Address 463 SUNBURST DELTONA FL 32725-3109
------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

00021933



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
------------------------------------------------------------------------------	------------------------------------------------------------------

4. FEI Number 59-3437354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**HARTLEY, JOAN
 463 SUNBURST
 DELTONA FL 32725**

7. Name and Address of New Registered Agent
 Name **JOAN FLOWERS**
 Street Address (P.O. Box Number is Not Acceptable) **463 SUNBURST STREET**
 City **DELTONA FL** Zip Code **32725-3109**

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 *Joan D. Flowers* (NOTE: Registered Agent signature required when reinstating.) DATE 2/1/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD HARTLEY, JOAN 463 SUNBURST DELTONA FL 32725 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOWERS, CHARLES R 463 SUNBURST ST DELTONA FL 32725 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD JOAN FLOWERS 463 SUNBURST ST. DELTONA, FL. 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition { NAME CHANGE }
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joan D. Flowers* **JOAN D. FLOWERS** Date 2/1/00 Daytime Phone # 904-789-8554

CR2E034 (9/99)