

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 11 AM 9:54

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**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number: **59-3437354**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 FLOWERS, JOAN 463 SUNBURST DELTONA FL 32725	<input 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	FLOWERS, JOAN D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004494290--2 -07/24/01--01095--014 ****150.00 ****150.00	<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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

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JOAN HARTLEY & ASSOCIATES, INC.

463 Sunburst
Deltona, Florida 32725

MANUFACTURER'S REPRESENTATIVES

E-Mail joan@bitstorm.net
(904) 789-8554
ORDER LINE (800)881-1289
FAX (904) 789-3111

July 07, 2001

Katherine Harris
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: 2001 Uniform Business Report
Document# P97000027329
For: Joan Hartley & Associates Inc.

Dear Ms. Harris,

In January I received my yearly "2001 Business Report" to file. I was delighted I could file over the Internet and use a credit card. Consequently, on January 8, 2001 at 6:17PM, I went on line and filed. Just before hitting the "pay now" button, I printed out a receipt for my records. I thought the matter was concluded at that time.

However, last week, I received another report to file, demanding \$600.00 and threatening to revoke my corporation, because I have not paid. I never thought about checking my American Express bill because I filed the paperwork after I had completed it. Sure enough, my credit card was never charged.

I have enclosed a copy of the Internet receipt and my notes for your information and review. I have enclosed a check for the original amount of \$150.00.

I am asking that you waive the additional fees, in light of the fact that I had filed with sunbiz.org and it was not properly processed.

Please advise me if this is not acceptable.

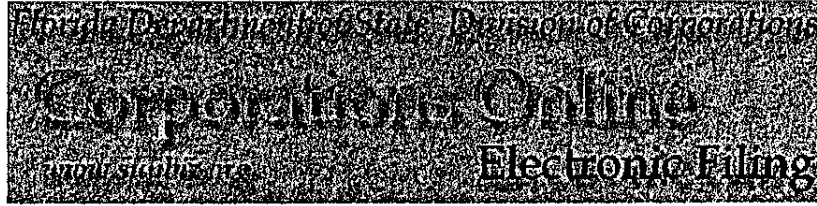
Thank you for your assistance.

Sincerely,

Joan D. Flowers
President

JDF: ijc

Enc: 5



Online Payment System

Document Number: P97000027329
Pin Number: 0507
Transaction Amount: \$150.00
Convenience Fee: \$5.00
Total Amount to be charged to your account: \$155.00

E-Mail Address: Joan@bitstorm.net

Billing Name: Joan D. Flowers
Billing Address: 463 Sunburst Street
Billing City: Deltona
Billing State: FL
Billing Zip: 32725-3109

Credit Card Vendor: American Express
Credit Card Number: 378261683783007
Credit Card Expiration Date: 11/01

Pay Now