

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035604

1. Entity Name

BARTLETT LANDSCAPING & NURSERY, INC.

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90125 028 \*\*\*150.00

Principal Place of Business

Mailing Address

5208 N. OCEAN SHORE BLVD.  
PALM COAST FL 32137

5208 N. OCEAN SHORE BLVD.  
PALM COAST FL 32137-3209

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3455900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

32137

FLAGLER

32137

FLAGLER

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTENBERG, JEROME  
48 OLD KINGS ROAD NORTH  
PALM COAST FL 32137

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

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	BARTLETT, BRETT	
STREET ADDRESS	73 SANCHEZ AVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BARTLETT, WILLIAM	
STREET ADDRESS	62 ATLANTIC DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM BARTLETT	
STREET ADDRESS	3 COLE CRT.	
CITY-ST-ZIP	PALM COAST FL. 32137	
TITLE	VICE P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETT BARTLETT	
STREET ADDRESS	73 SANCHEZ AVE	
CITY-ST-ZIP	PALM COAST FL. 32137	
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
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:

*William Bartlett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-2000 9044469154

CR2E034(9/99)