2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90133 044 ***150.00

DOCUMENT # P97000104631

1. Entity Name
J.C. BERTRAND CONSULTANTS, INC.

Principal Place of Business	Mailing Address
5651 COUNTRY LAKES DR. SARASOTA FL 34243	5651 COUNTRY LAKES DR. SARASOTA FL 34243

Change as of May 11th, 2001

2. Principal Place of Business	3. Mailing Address
7315 WINDEMERE	7315 WINDEMERE
Suite, Apt. #, etc. LANE	Suite, Apt. #, etc. LANE
City & State UNIVERSITY PARK	City & State UNIVERSITY PARK
Zip 34201 Country U.S.A.	Zip 34201 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0799273 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, CHARLES J
2033 MAIN STREET, STE. 600
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

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

City   State   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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHARLEBOIS-BERTRAND , JACQUELINE 5651 COUNTRY LAKES DR. SARASOTA FL 34243 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

JACQUELINE CHARLEBOIS-BERTRAND

SIGNATURE: Jacqueline Charlebois-Bertrand   4/26/01   941-355-2379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/00)