

# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

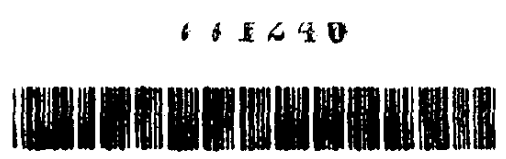
05-23-2001 91168 005 \*\*\*150.00

**DOCUMENT # P98000068883**

1. Entry Name

**BARTUS AUCTION MANAGEMENT GROUP, INC.**

Principal Place of Business 780 8TH COURT, SUITE 5 VERO BEACH FL 32982	Mailing Address 780 8TH COURT, SUITE 5 VERO BEACH FL 32982-1832
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2. Principal Place of Business PO Box 5226 Suite, Apt. #, etc.	3. Mailing Address PO Box 5226 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE  
 625-0916919

City & State VERO BEACH, FL	City & State VERO BEACH FL	4. FEI Number	Applied For Not Applicable
Zip 32961	Country USA	Zip 32961	Country USA

5. Name and Address of Current Registered Agent BARTUS, WILLIAM J 780 8TH COURT, SUITE 5 VERO BEACH FL 32982	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 185 MCKEE LANE City VERO BEACH FL Zip Code 32961
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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 the R applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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	P BARTUS, WILLIAM J 780 8TH COURT, SUITE 5 VERO BEACH FL 32982	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 5226 VERO BEACH, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wm. Bartus*  
 Wm. Bartus

561-770-1707

4/30/01

PO 4/30/01  
 CKT 4/28