

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061103

1. Entity Name

HARTSAW AND ASSOCIATES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90049 044 ***150.00

Principal Place of Business

Mailing Address

1812 ANTILLES PLACE
ORLANDO FL

1812 ANTILLES PLACE
ORLANDO FL 32806-1437

2. Principal Place of Business

550 N. Bumby Avenue

3. Mailing Address

550 N. Bumby Avenue

Suite, Apt. #, etc.

#280

Suite, Apt. #, etc.

#280

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32803

Country

Orange

Zip

32803

Country

Orange

4. FEI Number

59-3591109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HARTSAW, JEAN T~~
~~1812 ANTILLES PLACE~~
~~ORLANDO FL~~

Name

Kenneth Hartsaw

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

550 N. Bumby Avenue

#280

City

Orlando

FL

Zip Code

32803

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

Kenneth Hartsaw
Signature, typed or printed name of registered agent and title if applicable.

Kenneth Hartsaw

(NOTE: Registered Agent signature required when reinstating)

8 Feb 00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PV
HARTSAW, KEN
1812 ANTILLES PLACE
ORLANDO FL ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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HARTSAW, JEAN T
1812 ANTILLES PLACE
ORLANDO FL ☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

Kenneth Hartsaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Hartsaw

Date

Daytime Phone #

18 Feb 00 407-898-2191

CR2E034 (9/99)