

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90187 044 ***155.00

DOCUMENT # P99000067364

1. Entity Name
BARTOR ENTERPRISES, INC.



Principal Place of Business
101 WOODCREEK DR SOUTH
SAFETY HARBOR FL 34695

Mailing Address
313 SIGNATURE TERRACE
SAFETY HARBOR FL 34695



2. Principal Place of Business
313 Signature Terrace

3. Mailing Address

Suite, Apt. #, etc.
Safety Harbor

Suite, Apt. #, etc.

City & State

City & State

FL

Zip
34695

Country
USA

Zip

Country

4. FEI Number **59-3599080**

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

BARROSO, ELVIRA
313 SIGNATURE TERRACE
SAFETY HARBOR FL 34695

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BARROSO, ELVIRA**
STREET ADDRESS **101 WOODCREEK DR SOUTH**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **P** ☒ Change ☐ Addition
NAME **BARROSO, ELVIRA**
STREET ADDRESS **313 Signature Terrace**
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **ST** ☐ Delete
NAME **TORRES, FRANCISCO**
STREET ADDRESS **101 WOODCREEK DR SOUTH**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **ST** ☒ Change ☐ Addition
NAME **Torres, Francisco**
STREET ADDRESS **313 Signature Terrace**
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)