

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90145 005 ***150.00

DOCUMENT # P99000075103

1. Entity Name

DARTMOUTH PARTNERS, INC.

Principal Place of Business

% PHYTRUST, LTD., 1204 N. UNIVERSITY DR.
 PLANTATION FL 33322

Mailing Address

% PHYTRUST, LTD., 1204 N. UNIVERSITY DR.
 PLANTATION FL 33322

2. Principal Place of Business

13680 NW 5th Street

3. Mailing Address

13680 NW 5th Street

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33325

Country

USA

Zip

33325

Country

USA

4. FEI Number

65-0945864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NATKOW, NEIL A

% PHYTRUST, LTD., 1204 N. UNIVERSITY DR.
 PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

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

13680 NW 5th Street

Suite 100

City

Sunrise

FL

Zip Code

33325

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

4/4/02

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, 2002 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	DPC	<input type="checkbox"/> Delete
NAME	NATKOW, NEIL A	
STREET ADDRESS	1204 N UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	COLLINS, KEITH	
STREET ADDRESS	1204 N UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	BERMAN, NEIL	
STREET ADDRESS	1204 N UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUTLER, KATHY	
STREET ADDRESS	1204 N UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL 33322	
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	<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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, Kathy B.
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/02

(954) 475-0707

CR2E034 (9/01)