2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am DOCUMENT # P99000077059 **Secretary of State** 1. Entity Name CROTTY & BARTLETT, P.A. 02-01-2000 90043 014 ***150.00 Mailing Address Principal Place of Business 125 NORTH RIDGEWOOD AVENUE 125 NORTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114-3258 DAYTONA BEACH, FL 32114 2. Principal Place of Business Crotty & Bartlett, PA 3. Mailing Address & Bartlett, PA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 125 N. Ridgewood Ave Suite, Apt. #, etc. 125 N. Ridgewood Ave Applied For City & State City & State 4. FEI Number 59-3592373 Not Applia Daytona Beach, Fl Daytona Beach, Fl Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32114 **USA** 32114 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Mr. Laurence Bartlett BARTLETT, LAURENCE H ~ Street Address (P.O. Box Number is Not Acceptable) 125 NORTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114 125 N. Ridgewood Ave Zip Code 32114 <u>Daytona Beach</u> 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Delete TITLE TITLE BARTLETT, LAURENCE H NAME NAME STREET ADDRESS STREET ADDRESS 125 N. RIDGEWOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 Change ☐ Delete TITLE CROTTY, KATHLEEN L NAME NAME STREET ADDRESS 2128 JOHN ANDERSON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 Change T * * * * * ☐ Delete TITLE CROTTY, MICHAEL D NAME NAME STREET ADDRESS 915 OCEAN SHORE BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DATE OF BEACH END AND CITY-ST-ZIP CITY-ST-ZIP 现在371至2012年12717日 \$P\$到475 ☐ Change □ CHARLEST THREE IT Delete TITLE TITLE NAME NAME 1) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

changed, or on an attachment w resident SIGNATURE:

of the corporation or the receiver or trustee empowered to execute