

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100744

1. Entity Name

BARTLETT & WANSBORO, P.A.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90092 005 \*\*\*150.00

Principal Place of Business

35111 U.S. HWY. 19 N., SUITE 204  
 PALM HARBOR FL 34684

Mailing Address

35111 U.S. HWY. 19 N., SUITE 204  
 PALM HARBOR FL 34684-1907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3608620

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

WANSBORO, ANN MARGARET  
 35111 U.S. HWY. 19 N., SUITE 204  
 PALM HARBOR FL 34684

Name

ANNE MARGARET WANSBORO

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

same

City

same

FL

Zip Code

same

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.

spelling change (correction) only

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-24-00

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          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

|                |                                 |                                 |                                   |
|----------------|---------------------------------|---------------------------------|-----------------------------------|
| TITLE          | President/T                     | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | Anne Margaret Wansboro          |                                 |                                   |
| STREET ADDRESS | 35111 US Hwy 19 North, Ste. 204 |                                 |                                   |
| CITY-ST-ZIP    | Palm Harbor, FL 34684           |                                 |                                   |
| TITLE          | Vice President/S                | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | Steven A. Bartlett              |                                 |                                   |
| STREET ADDRESS | 35111 US Hwy 19 North, Ste. 204 |                                 |                                   |
| CITY-ST-ZIP    | Palm Harbor, FL 34684           |                                 |                                   |
| 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    |                                 |                                 |                                   |

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

4-24-00

Date

727/785-5588

Daytime Phone #