

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100744

1. Entity Name

BARTLETT & WANSBORO, P.A.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90114 004 ***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

2. Principal Place of Business

3. Mailing Address

same
Suite, Apt. #, etc.

same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3608620**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 ☐ Delete
NAME PT
STREET ADDRESS WANSBORO, ANNE MARGARET
CITY-ST-ZIP 3511 US HWY 19 N. STE 204
PALM HARBOR FL 34684

TITLE ☒ Change ☐ Addition
NAME *(same)*
STREET ADDRESS *(same)*
CITY-ST-ZIP 35111 US HWY 19 N. STE 204
(same)

TITLE ☐ Delete
NAME VS
STREET ADDRESS BARTLETT, STEVEN
CITY-ST-ZIP 35111 US HWY 19 N. STE 204
PALM HARBOR FL 34684

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
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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

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

2-5-01 727/785-5588
Date Daytime Phone #

CR2E034 (10/00)