

DOCUMENT # S69877

1. Entity Name

BARTMAN'S ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~709 E SEMINOLE AVE
MELBOURNE FL 32901
US~~~~709 E SEMINOLE AVE
MELBOURNE FL 32901-4029~~

2. Principal Place of Business

3. Mailing Address

2735 CENTIN PLACE

2735 CENTIN PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

MELBOURNE FL

MELBOURNE FL

Zip

Country

Zip

Country

32940

US

32940

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTMAN, DAVID L.
709 E SEMINOLE AVE
MELBOURNE FL 32901

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

1/14/00

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	BARTMAN, DAVID L.	709 E SEMINOLE AVE MELBOURNE FL				
	D	BARTMAN, GLORIA JEAN	709 E SEMINOLE AVE MELBOURNE FL				

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 REQUIRED

2-23-2000

321-259-4898

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 FEB 25 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2F014 (JAN)