

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90536 037 ***150.00

0082302

DOCUMENT # S69877

1. Entity Name

BARTMAN'S ENTERPRISES, INC.

Principal Place of Business

**2735 CENTER PLACE
SUITE 101
MELBOURNE FL 32940
US**

Mailing Address

**2735 CENTER PLACE
SUITE 101
MELBOURNE FL 32940
US**

626714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3081137**

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

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

address change

Name

Bartman, David L.

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

2735 Center Place Suite 101

City

Melbourne

FL

Zip Code
32940

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 *Gloria Jean Bartman*
GLORIA JEAN BARTMAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 17, 2001

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 **D**
STREET ADDRESS **BARTMAN, DAVID L.**
CITY-ST-ZIP **709 E SEMINOLE AVE
MELBOURNE FL**

☒ Change ☐ Addition
NAME **Bartman, David L.**
STREET ADDRESS **2735 Center Place Suite 101**
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BARTMAN, GLORIA JEAN**
CITY-ST-ZIP **709 E SEMINOLE AVE
MELBOURNE FL**

☒ Change ☐ Addition
NAME **Bartman, Gloria Jean**
STREET ADDRESS **2735 Center Place Suite 101**
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

☐ 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: *Gloria Jean Bartman*
GLORIA JEAN BARTMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 17, 2001

Date

Daytime Phone #

321-259 4898

CR2E034 (10/00)