

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H55731

Entity Name

ADLEX BENT CORPORATION

FILED
Jan 20, 2000 8:00 a
Secretary of State

01-20-2000 90211 043 ***158.75

Principal Place of Business	Mailing Address
P.G.A. BLVD. #411 BEACH GARDENS FL 33418	4521 P.G.A. BLVD. SUITE #411 PALM BEACH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-2527098	Applied For	Not Applied
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILSON, ZACHARY
4521 P.G.A. BLVD., SUITE #411
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name _____

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

City _____ FL Zip Code _____

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p><input type="checkbox"/> Delete</p> <p>ADDRESS: P WILSON, ZACHARY</p> <p>ST-ZIP: 4521 PGA BLVD., SUITE 411</p> <p>PALM BEACH GARDENS FL 33418</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>		
<p><input type="checkbox"/> Delete</p> <p>ADDRESS: _____</p> <p>ST-ZIP: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>		
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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 furnished 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: Zachary Wilson ZACHARY WILSON 1/15/00 561-951-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #