

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 152846**

1. Entity Name

BENDON INVESTMENT COMPANY, INC.**FILED****Mar 22, 2000 8:00 am**
Secretary of State

03-22-2000 90201 038 ***150.00

Principal Place of Business

Mailing Address

**4935 EAST 7TH AVE
TAMPA FL 33605****4935 EAST 7TH AVE
TAMPA FL 33605**

2. Principal Place of Business

6408 E. Columbus Dr.

3. Mailing Address

6408 E. Columbus Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FLCity & State
Tampa, FLZip
33619

Country

Zip
33619

Country

4. FEI Number **59-0621658**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****UNDERBERG, PAUL
4925 E. BROADWAY
TAMPA FL 33605****7. Name and Address of New Registered Agent**

Name

Paul Underberg

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

6408 E. Columbus Dr.

City

Tampa, FL**33619****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, 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**TITLE **PD** ☐ Delete
NAME **UNDERBERG, MARY PATRICIA**
STREET ADDRESS **1910 DOVEFIELD PLACE**
CITY-ST-ZIP **BRADON FL**TITLE **TSD** ☐ Delete
NAME **UNDERBERG, PAUL**
STREET ADDRESS **4608 S COOPER PLACE**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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

3/22/2000
Date**813-248-6193**
Daytime Phone #