

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 322756

1. Entity Name

CANT PRODUCTS, INC.

Principal Place of Business

701 9TH AVE. E.
P.O. BOX 2039
BRADENTON FL 34208-9039

Mailing Address

701 9TH AVE. E.
P.O. BOX 2039
BRADENTON FL 34208-0039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1208776

Applied For

Not Applicable

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

MCCLENDON, CLYDE
2511 WELLON RANCH RD
ELLINGTON FL 34222

Name

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

2611 WELLON RANCH RD

City

ELLINGTON

FL

Zip Code

34222

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	BENSON, MAHLON A, III	5225 CLARKSTON	CLARKSTON MI 48348	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	BENSON, JOSEPH W	4160 SOUTH SHORE	WATERFORD MI	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	BENSON-ROUS, CATHERINE	107 ELK AVE.	CRESTED BUTTE CO	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	MCCLENDON, CLYDE	2611 WELLON RANCH RD	ELLINGTON FL 34222	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

JOSEPH W. BENSON

Date

3-2-00 (248) 335-9476

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90103 009 ***150.00

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DO NOT WRITE IN THIS SPACE