

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 34208-9039

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

MCCLENDON, CLYDE
2611 WELLON RANCH RD
ELLINGTON FL 34222

7. Name and Address of New Registered Agent

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

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

TITLE S ☐ Delete
NAME BENSON, MAHLON A, III
STREET ADDRESS 5225 CLARKSTON
CITY-ST-ZIP CLARKSTON MI 48348

TITLE V ☐ Delete
NAME BENSON, JOSEPH W
STREET ADDRESS 4160 SOUTH SHORE
CITY-ST-ZIP WATERFORD MI

TITLE T ☐ Delete
NAME BENSON-ROUS, CATHERINE
STREET ADDRESS 107 ELK AVE.
CITY-ST-ZIP CRESTED BUTTE CO

TITLE P ☐ Delete
NAME MCCLENDON, CLYDE
STREET ADDRESS 2611 WELLON RANCH RD
CITY-ST-ZIP ELLINGTON FL 34222

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ 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: *Clyde E. McClendon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01
Date

941-747-7788
Daytime Phone #

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90063 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)