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

## Jan 31, 2000 8:00 am Secretary of State DOCUMENT # 387457 1. Entity Name BANDON ENTERPRISES, INC. 01-31-2000 90027 037 \*\*\*150.00 Principal Place of Business Mailing Address 6610 RIVERVIEW BLVD W 6610 RIVERVIEW BLVD W BRADENTON FLA 34209-1353 **BRADENTON FL 34209** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number \_ 59-1357494----Not Application Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMPSON.WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 6610 RIVERVIEW BLVD W **BRADENTON FL 34209** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change TITI F ☐ Delete TITLE THOMPSON, WILLIAM J NAME NAME STREET ADDRESS STREET ADDRESS 6610 RIVERVIEW BLVD W CITY-ST-ZIP CITY-ST-7IP BRADENTON, FL 00000 TITLE ☐ Delete TITLE THOMPSON, DARROL S NAME NAME STREET ADDRESS STREET ADDRESS 6610 RIVERVIEW BLVD W - -CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 00000 ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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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