2000 UNIFORM BUSINESS REPORT (UBR) FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # 416906 BENTLEY CONSTRUCTION CO., INC. 05-18-2000 90351 027 ***150.00 Principal Place of Business Mailing Address 14572 PABLO TERERACE 14572 PABLO TERERACE JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1434864 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENTLEY, JAMES A. Street Address (P.O. Box Number is Not Acceptable) 14572 PABLO TERRACE JACKSONVILLE FL 32224 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 DATE 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 12. 11. ☐ Delete TITLE TITLE BENTLEY, JAMES A. JR. NAME STREET ADDRESS 14572 PABLO TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL TITLE ☐ Delete NAME BENTLEY, CAROL STREET ADDRESS STREET ADDRESS 14572 PABLO TERRACE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL TITLE Change Addition ☐ Delete TITLE NAME 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 that an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OP DIRECTOR

☐ Delete

4-26-00

904 257 333

Daytime Phone #

☐ Change

Addition