

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 437132

1. Entity Name

BANDY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

116 N. SEAWALLS PT. RD.
STUART FL 34996
US

116 N. SEAWALLS PT. RD.
STUART FL 34996
US

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

59-1487851

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

BESSEMER, W, K
1103 TILTON RD
PT ST LUCIE FL 34952

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	P	<input type="checkbox"/> Delete
NAME	BESSEMER, WM. J.	
STREET ADDRESS	116 N. SEAWALLS PT. RD	
CITY-ST-ZIP	STUART FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BESSEMER, MAXINE	
STREET ADDRESS	116 SEAWALLS PT RD.	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TILTON, C. NORRIS	
STREET ADDRESS	155 RIVER COURT	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BESSEMER, WM. J.	
STREET ADDRESS	116 N SEAWALLS PT RD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	S	<input type="checkbox"/> Delete
NAME	BESSEMER, WM K.	
STREET ADDRESS	1003 TILTON RD.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BESSEMER, TAMARA A.	
STREET ADDRESS	116 N SEAWALLS PT. RD.	
CITY-ST-ZIP	STUART FL 34996	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMARA A KIRKBRIDE
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

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90086 041 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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