

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90118 005 ***150.00

DOCUMENT # 437132

1. Entity Name
BANDY ENTERPRISES, INC.



Principal Place of Business
116 N. SEAWALLS PT. RD.
STUART FL 34996
US

Mailing Address
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

4. FEI Number **59-1487851**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 *772-220-1244*
Date Daytime Phone #

CR2E034 (10/02)