

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90450 012 ***150.00

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DOCUMENT # 537085

1. Entity Name
BEDNER FARM, INC.



Principal Place of Business
226 N.E. 13TH AVENUE
POMPANO BEACH FL 33060-6454

Mailing Address
226 N.E. 13TH AVENUE
POMPANO BEACH FL 33060-6454



2. Principal Place of Business
14186 STARKEY RD
Suite, Apt. #, etc.

3. Mailing Address
14186 STARKEY ROAD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

4. FEI Number **59-1784981**

Applied For
☐ Not Applicable

Zip **33446** Country **PAH BEACH**

Zip **33446** Country **PAH BEACH**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BEDNER, ARTHUR C.
226 N.E. 13TH AVENUE
POMPANO BEACH FL

7. Name and Address of New Registered Agent

Name
STEPHEN BEDNER
Street Address (P.O. Box Number is Not Acceptable)
14186 STARKEY ROAD
City **DELRAY BEACH** FL Zip Code **33446**

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

(NOTE: Registered Agent signature required when reinstating.)
DATE 4-28-03

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

TITLE **PD** ☐ Delete
NAME **BEDNER, ARTHUR C.**
STREET ADDRESS **226 N.E. 13TH AVE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **STD** ☐ Delete
NAME **BEDNER, HENRIETTA**
STREET ADDRESS **226 N.E. 13TH AVE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PID** ☐ Change ☒ Addition
NAME **CHARLES BEDNER**
STREET ADDRESS **RURAL ROUTE 1 BOX 313B**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **VPID** ☐ Change ☒ Addition
NAME **BRUCE BEDNER**
STREET ADDRESS **RURAL ROUTE 1 BOX 290T**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **SITD** ☐ Change ☒ Addition
NAME **STEPHEN BEDNER**
STREET ADDRESS **11178 MANATEE TERRACE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

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: STEPHEN BEDNER **5/1**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4-28-03 Daytime Phone # 499-3900

CR2E034 (10/02)