


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90043 015 ***150.00

DOCUMENT # 564467

1. Entity Name
W.A. BENTZ, INC.



Principal Place of Business
**800 EAST BROWARD BLVD
#101
FT. LAUDERDALE FL 33301
US**

Mailing Address
**800 EAST BROWARD BLVD
#101
FT. LAUDERDALE FL 33301
US**

90001935



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
800 East Broward Blvd

3. Mailing Address

Suite, Apt. #, etc.
#101

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State

4. FEI Number
59-1786897

Applied For
 Not Applicable

Zip
33301

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**BENTZ, WILLIAM A
800 EAST BROWARD BLVD #101
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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 _____ 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
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	P	<input type="checkbox"/> Delete
NAME	BENTZ, WILLIAM A	
STREET ADDRESS	800 EAST BROWARD BLVD #101	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLIOTT, GARY	
STREET ADDRESS	800 EAST BROWARD BLVD #101	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARCIA, DIRLEY N	
STREET ADDRESS	800 EAST BROWARD BLVD #101	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		

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: W.A. BENTZ **SIGNATURE REQUIRED** **1/9/03** (954) 522-3022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)