

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

APPROVED
04-25-2005 90310:027 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30043874

DOCUMENT # F02 000001712			
1. Entity Name Bentley Development Co., Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business P.O. Box 4801		3. Mailing Address P.O. Box 4801	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33338-4801		Country	
Zip 33338-4801		Country	
4. FEI Number 25-1216174		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name: C T Corporation System			
Street Address (P.O. Box Number is Not Acceptable)			
1200 South Pine Island Road			
City Plantation State FL Zip Code 33324			
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 NAME STREET ADDRESS CITY - ST - ZIP	President, William J. Stefan, P.O. Box 338, Blairsville, PA 15717	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary, Josephine B. Stefan, P.O. Box 338, Blairsville, PA 15717	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/14/05 Daytime Phone # 724-459-5775	

CR2E034B (12/02)