SR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # F51970 BENTLEY RESOURCES, INC. 04-16-2001 90046 011 ***150.00 Principal Place of Business Mailing Address 3003 62ND AVE EAST 3003 62ND AVE EAST **BRADENTON FL 34203 BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address 2803-62ND AVE E 2803 62 NO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2130993 下し アく BRADEMON BRADENTOA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34203 MANATEC MAYA1にて 34203 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT-D. SCHULER SCHULER, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 2803 62N9 AJE E 102 TIDEWATER **BRADENTON FL 34210** BRADENTIA 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. ROBENT O SCHULE (SIGNATURE ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. VIS Change TITLE □ Delete SCHULER, EILEEN NAME NAME 2803 62 ND AJE E -102 TIDEWATER DR STREET ADDRESS STREET ADDRESS BRADENTUN, FL 34203 CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP TITLE ☐ Delete TITLE SCHULER, ROBERT D NAME NAME 2803 62ND AVE E. STREET ADDRESS 102 TIDEWATER STREET ADDRESS BRADEWIND, FL 34203 CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 00000 ☐ Detete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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4/10/01

941-739-8667

Daytime Phone #