## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 20, 2002 8:00 am secretary of State F96000002657 DOCUMENT # 1. Entity Name 05-20-2002 90009 023 \*\*\*150.00 BENTLEY-KEMP CORPORATION Mailing Address Principal Place of Business 23082 SNAPPER LANE 23082 SNAPPER LANE SUMMERLAND KEY FL 33042 SUMMERIAND KEY FL 33042 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0627730 Not Applicable \$8.75 Additional Country Zip Country Zio 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEMP, WESTON D Street Address (P.O. Box Number is Not Acceptable) 23082 SNAPPER LANE SUMMERLAND KEY FL 33042 Zip Code City FL 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Change **PCDT** ☐ Delete TITLE NAME KEMP, WESTON D NAME STREET ADDRESS STREET ADDRESS 23082 SNAPPER LANE CITY-ST-ZIP SUMMERLAND KEY FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME BENTLEY-KEMP, LYNNE NAME STREET ADDRESS STREET ADDRESS 23082 SNAPPER LANE CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY FL Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

SIGNATURE: