

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90271 040 ***150.00

DOCUMENT # F98000002429

1. Entity Name
LA BENDICION GP, INC.

Principal Place of Business
4510 OLD FIELD DRIVE 8525 Seacrest Dr.
GAINESVILLE VA 22065 Vera Beach, Fl. 32963

Mailing Address
4510 OLD FIELD DRIVE 8525 Seacrest Dr.
GAINESVILLE VA 22065 Vera Beach, Fl. 32963

2. Principal Place of Business
8525 Seacrest Dr.
 Suite, Apt. #, etc. **8525 Seacrest Dr.**
Vera Beach, Fl.
 City & State
Vera Beach, Fl.
 Zip
32963
 Country
USA

3. Mailing Address
 Suite, Apt. #, etc. **8525 Seacrest Dr.**
 City & State
Vera Beach, Fl.
 Zip
32963
 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **54-1890369**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
UNDERWOOD, ROBERT L
537 EAST PARK AVENUE
TALLAHASSEE FL 32301

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	DICK, JAMES	
STREET ADDRESS	4510 OLD FIELD DRIVE 8525 Seacrest Dr.	
CITY-ST-ZIP	GAINESVILLE VA Vera Beach, Fl. 32963	
TITLE	V	<input type="checkbox"/> Delete
NAME	UNDERWOOD, ROBERT L	
STREET ADDRESS	4510 OLD FIELD DRIVE 8525 Seacrest Dr.	
CITY-ST-ZIP	GAINESVILLE VA Vera Beach, Fl. 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **JAMES DICK** **1/9/02** **561-581-0060**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)