

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G67691

1. Entity Name

JERRY BEDENBAUGH, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90077 030 ***158.75

Principal Place of Business
BRUNNER BUILDING SUPPLY
218 HWY 17 SOUTH
E PALATKA FL 32131

Mailing Address
PO BOX 248
218 HWY. 17. SOUTH
E PALATKA FL 32131-0248
US

00026721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2332811**
Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEDENBAUGH, JERRY H
335 HORSEMAN CLUB ROAD
PALATKA FL 32177

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BEDENBAUGH, JERRY H	
STREET ADDRESS	335 HORSEMANS CLUB RD	
CITY-ST-ZIP	PALATKA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BEDENBAUGH, TOBY F	
STREET ADDRESS	335 HORSEMANS CLUB RD	
CITY-ST-ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Toby F. Bedenbaugh

Date

Daytime Phone #

2-21-2000 904-328-2717

CR2E034 (9/99)