2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **H40790** Apr 06, 2000 8:00 am 1. Entity Name Secretary of State K. BENTLEY INVESTMENTS, INC. 04-06-2000 90007 040 ***150.00 Principal Place of Business Mailing Address 5280 EVERWOOD RUN P O BOX 6207 SARASOTA FL 34278-6207 SARASOTA FL 34235 2. Principal Place of Business 3. Mailing Address 3990 LYNDHUEST COVET P.O. BOX 6407 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2491201 SARASOTAIFL. SARASOTAI Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 34778 SARASOTA Fee Required SARASOTA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELMAN, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 5480 EVERWOOD RUN SARASOTA FL 34235 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. ☐ Delete TITLE TITLE ELMAN, BENJAMIN NAME NAME 3990 LYNDHUEST COURT 5280 EVERWOOD RUN STREET ADDRESS STREET ADDRESS SACA SOTA, FL. 34735-241V CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE ELMAN, KAY NAME 3990 LYNDHUGET COURT SARASOTA, FL.34V35-241V 5280 EVERWOOD RUN STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Defete TITLE ☐ Change 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 TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

BENJAMIN ELMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: