2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H94345 May 18, 2001 8:00 am Secretary of State BENTLEY BUILDING CO., INC. 05-18-2001 91239 025 ***150.00 Principal Place of Business 2143 UNION STRUST WOST PALM BOACH, FL 2143 UNION STREET WEST PALM BURCH, FL Λυυυκυκυ 2. Principal Place of Business 3. Mailing Address 2143 UNION STREET DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For *5*9-*263*2977 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAY UZZITICZLO Street Address (P.O. Box Number is Not Acceptable) 2143 UNION STROOT City WOST FREM BOACH 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 10247162LO / NOSHOONT SIGNATUR 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back)----Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition 102217152LO NAME NAME STREET ADDRESS STREET ADDRESS WEST PALM BENCU, FL 33411 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change DAWN PUZZITIOZIO NAME NAME STREET ADDRESS STREET ADDRESS 33411 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS g war nam y reser CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME: **** ** ** NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: