

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90062 013 ***150.00

DOCUMENT # L31482

1. Entity Name

PARK BENCH, INC.

Principal Place of Business

**116 EAST 5TH AVENUE
MOUNT DORA FL 32757**

Mailing Address

**116 EAST 5TH AVENUE
MOUNT DORA FL 32757**

change

2. Principal Place of Business

3. Mailing Address

P.O. Box 1635

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MT Dora FL

Zip

Country

Zip

Country

32756

Lake

4. FEI Number, **59-2976317**

Applied For

Not Applicable

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

**O'NEIL, GARY
116 EAST 5TH AVE.
MT. DORA FL 32757**

change of address

Name

Gary O'Neil

Street Address (P.O. Box Number is Not Acceptable)

41141 Grand Ridge Drive

City

Umatilla

FL

Zip Code

32784

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

Gary O'Neil

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, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **O'NEIL, GARY**
CITY-ST-ZIP **116 EAST 5TH AVE.
MT. DORA FL**

TITLE ☒ Change ☐ Addition
NAME **41141 Grand Ridge Dr**
STREET ADDRESS **Umatilla FL 32784**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **O'NEIL, ELIZABETH**
CITY-ST-ZIP **116 EAST 5TH AVE.
MT. DORA FL**

TITLE ☐ Change ☐ Addition
NAME **41141 Grand Ridge Dr.**
STREET ADDRESS **Umatilla FL 32784**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Gary O'Neil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 352-669-1907

Date

Daytime Phone #

CR2E034 (10/00)