

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003526

1. Entity Name

Bumpers & Beneway Development Corp



FILED

03 SEP 25 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1907 SW Mooring Dr

3. Mailing Address

1907 SW Mooring Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm City, FL

City & State

Palm City, FL

4. FEI Number

650978488

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jay C. Bumpers

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

1907 SW Mooring Drive

City

Palm City

FL

Zip Code

34990

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jay C. Bumpers Jay C. Bumpers

9/23/03

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

January - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P D  
Jay C Bumpers  
1907 SW Mooring Drive  
Palm City, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200023339022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Charles Beneway III  
1907 SW Mooring Drive  
Palm City, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

09/25/03--01054--001 \$900.00

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12. 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 10 or on an attachment with an address, with all other, fully empowered.

SIGNATURE:

Jay C Bumpers

Jay C Bumpers

9/23/03

7721  
221-0057

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034B (12/02)