

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91191 038 ***158.75

DOCUMENT # P00000027804

1. Entity Name
Rodbenders BAYSIDE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5200 W. TYSON AVE
Suite, Apt. #, etc.
#103

3. Mailing Address
5200 W. TYSON AVE
Suite, Apt. #, etc.
#103

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL
Zip
33611 Country
USA

City & State
TAMPA FL
Zip
33611 Country
USA

4. FEI Number
59 3633 715

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **P. Thomas Vento**
Street Address (P.O. Box Number is Not Acceptable)
5200 W. TYSON AVE
#103
City **TAMPA FL** Zip Code **33611**

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 **P. Thomas Vento** **P. THOMAS VENTO** **4-28-02**
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, S P. THOMAS VENTO 5200 W TYSON AVE #103 TAMPA FL 33611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE	TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **P. Thomas Vento** **P. THOMAS VENTO** **4-28-02** **813** **9028899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #