FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

## Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P0000030021 BENTLEY PINDER CONSTRUCTION, INC. 04-16-2001 90002 038 \*\*\*150.00 Principal Place of Business Mailing Address 2075 S.W. 3RD ST. 2075 S.W. 3RD ST. OCALA FL 34474 OCALA FL 34474 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired rion 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name PINDER, BENTLEY Street Address (P.O. Box Number is Not Acceptable) 2075 S.W. 3RD ST. OCALA FL 34474 City Zip Code 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. DATE (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, 2001 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 11. CR2E034 (10/00) Delete ☐ Change Addition TITLE TITLE PINDER, EDDIE NAME NAME STREET ADDRESS 2075 S.W. 3RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PINDER, HENRY NAME NAME STREET ADDRESS STREET ADDRESS 2075 S.W. 3RD ST. CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 TITLE ☐ Delete Change. Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TIT! F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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