

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065609

1. Entity Name
BENTUCKER.COM, INC.

Principal Place of Business
120 TRAFALGAR PL.
LONGWOOD FL 32779

Mailing Address
120 TRAFALGAR PL.
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

P.O. Box 916036

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LONGWOOD, FL

Zip

Country

Zip

Country

32791-6036

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, CLAUDE B JR.
120 TRAFALGAR PL.
LONGWOOD FL 32779

Name

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

City

FL

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 C. B. Tucker, Jr.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/24/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 C. B. Tucker, Jr. / PRESIDENT ☐ Delete
NAME
STREET ADDRESS 120 TRAFALGAR PL
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 500004785275--6

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP -01/18/02--0102-024
****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/01 407-446-1149
Date Daytime Phone #

FILED

02 JAN -3 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

bentucker.com
P.O. Box 916036
Longwood, Florida 32791-6036
407-446-1149 Voice & Fax
cbentucker@aol.com

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December 24, 2001

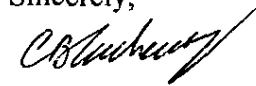
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: bentucker.com, inc.
P00000065609

Dear Sir:

This letter is concerning the above referenced Florida Corporation. For most of the past two years, I have been working out of the State of Florida and I did not receive some of my mail at all and some not in a timely manner. The enclosed 2001 UNIFORM BUSINESS REPORT was recently forwarded to me at my home in Florida. I have completed said form and included my check for \$150.00. Please send all future mail to the address noted above. Thank you for your consideration.

Sincerely,


C.B. Tucker, Jr.

Enclosure