FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90441 015 ***158.75

DOCUMENT # P01000054962

1. Entity Name
BENDEX HOME DEVELOPMENT CORP. INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
222 INDUSTRIAL BLVD	P.O. BOX 2234
Suite, Apt. #, etc.: #104	Suite, Apt. #, etc.:
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34104 Country: U.S.A	Zip: 34106 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593718055 ☐ 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: BERNARD R. BRUGMAN

Street Address (P.O. Box Number is Not Acceptable): 3520 24TH AV. N.E

City: NAPLES FL Zip Code: 34120

8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: B Brugman PRESIDENT 04-12-02
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	PRESIDENT
NAME	BERNARD R. BRUGMAN
STREET ADDRESS	3520 24TH AV. N.E
CITY-ST-ZIP	NAPLES FL 34120
TITLE	VICE PRESIDENT
NAME	DAVID BRUGMAN
STREET ADDRESS	3520 24TH AV. N.E
CITY-ST-ZIP	NAPLES FL 34120
TITLE	SECRETARY
NAME	BERNARD R. BRUGMAN
STREET ADDRESS	3520 24TH AV. N.E
CITY-ST-ZIP	NAPLES FL 34120
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: B Brugman 04-12-02 941-263-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #