

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90102 014 ***150.00

DOCUMENT # **PO10000061112** ✓

1. Entity Name

BENTLEY ENTERPRISES OF TALLAHASSEE, INC.

DO NOT WRITE IN THIS SPACE

427345

2. Principal Place of Business
7889 MACLEAN ROAD

3. Mailing Address
7889 MACLEAN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number **59-3733699**

Applied For
Not Applicable

Zip
32312

Country
USA

Zip
32312

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Martin S. Friedman, Esquire

Street Address (P.O. Box Number is Not Acceptable)
2548 Blairstone Pines Drive

City Tallahassee FL Zip Code 32301

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.

(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

D/P
Kristen Bentley
7889 MacLean Road
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 **850-893-5482**

Date

Daytime Phone #

CR2E034B (12/01)