

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90764 022 ***150.00

DOCUMENT # P01000065983

1. Entity Name
THE BENT SPOON, INC.



Principal Place of Business
**1503 BLACKBERRY CT
EUSTIS FL 32726**

Mailing Address
**1503 BLACKBERRY CT
EUSTIS FL 32726**



2. Principal Place of Business

**925 N. BAY ST.
SUITE # 2**

3. Mailing Address

**1223 OVERLOOK RD
SUITE, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
EUSTIS, FL.

City & State
EUSTIS, FL.

4. FEI Number **75-2983100**

Applied For
☐ Not Applicable

Zip **32726** Country **LAKE**

Zip **32726** Country **LAKE**

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

6. Name and Address of Current Registered Agent

**MILLER, MARK
1503 BLACKBERRY CT
EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name **MARK MILLER**
Street Address (P.O. Box Number is Not Acceptable)
1223 OVERLOOK RD.
City **EUSTIS** FL Zip Code **32726**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mark Miller* **MARK MILLER** **APRIL 29, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **OD** ☐ Delete
NAME **MILLER, MARK**
STREET ADDRESS **1223 OVERLOOK RD**
CITY-ST-ZIP **EUSTIS FL 32726**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Miller* **MARK MILLER** **4/29/03** **352-357-8788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)