

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90450 001 \*\*\*300.00

**DOCUMENT # P40399**

1. Entity Name  
**BENT & ASSOCIATES, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>2500 N TAMiami TRAIL<br/>                 #212<br/>                 NAPLES FL 34103<br/>                 US</b> | Mailing Address<br><b>2500 N TAMiami TRAIL<br/>                 #212<br/>                 NAPLES FL 34103<br/>                 US</b> |
|---|---|

**25834**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1544516**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENT, WALTER L  
 2500 N TAMiami TRAIL  
 #212  
 NAPLES FL 34103**

|  |                    |
|--|--------------------|
| Name   |                    |
| Street Address (P.O. Box Number is Not Acceptable) |                    |
| City   | <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 | NAME                | STREET ADDRESS        | CITY-ST-ZIP           | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------|-----------------------|-----------------------|-------|------|----------------|-------------|
| P     | BENT, WALTER L      | 825 S HEATHWOOD DR    | MARCO ISLAND FL 34145 |       |      |                |             |
| VP    | BENT, LEE P         | 825 S HEATHWOOD DR    | MARCO ISLAND FL 34145 |       |      |                |             |
| VP    | SCHLOTTMAN, DAVID L | 2018 PRINCE DRIVE     | NAPLES FL             |       |      |                |             |
| AS    | VANDER VEER, HUGH G | 212 FALCONHURST DRIVE | PITTSBURGH PA         |       |      |                |             |
|       |                     |                       |                       |       |      |                |             |
|       |                     |                       |                       |       |      |                |             |

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: David L Schlottman Date: 2/2/01 Daytime Phone #: 941-262-2500

CR2E034 (10/00)