## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 26, 2001 8:00 am DOCUMENT # **P94000035455 Secretary of State** 1. Entity Name M. BENDER INC. 03-26-2001 90153 008 \*\*\*150.00 Principal Place of Business Mailing Address 767 TOMLINSON TERR. 767 TOMLINSON TERR. SANFORD FL 32746 SANFORD FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3247135 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENDER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 767 TOMLINSON TERR. SANFORD FL 32746 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE Addition TIT! F Delete NAME BENDER, MICHAEL NAME STREET ADDRESS STREET ADDRESS 767 TOMLINSON TERR. CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32746 TITLE TITLE ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: MICHAEL BENDER THE SIGNATURE AND TYPET OF BENDER OF SIGNATURE AND TYPET O

CITY-ST-7(P

3/21/01 (407)
Date | 371-04

:R2E034 (10/00)