

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000041155**

1. Entity Name

**B.N.E., INC.**

Principal Place of Business

**823 GARLAND AVE  
SEBRING FL 33872  
US**

Mailing Address

**823 GARLAND AVE  
SEBRING FL 33872  
US**

2. Principal Place of Business

**2804 Briarwood Lane**

Suite, Apt. #, etc.

3. Mailing Address

**2804 Briarwood Lane**

Suite, Apt. #, etc.

City &amp; State

**Sebring, FL 33875**

Zip

Country

City &amp; State

**Sebring, FL 33875**

Zip

Country

4. FEI Number

**65-0503119**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**EGAN, JAMES P  
823 GARLAND AVE  
SEBRING FL 33872**

7. Name and Address of New Registered Agent

Name

**Egan, James P.**

-Street Address (P.O.-Box Number is Not Acceptable)

**2804 Briarwood Lane**

City

**Sebring****FL**

Zip Code

**33875**

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) ☐**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVPS JAMES P. EGAN 823 GARLAND AVE SEBRING FL 33872</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVPST James P. Egan 2804 Briarwood Lane Sebring, FL 33875</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/20/01 (863) 385-8975**

DO NOT WRITE IN THIS SPACE

0632539

CR2E034 (10/00)