

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90077 023 ***150.00

DOCUMENT # P96000052784

1. Entity Name

THE BENGAL GROUP, INC.

Principal Place of Business

Mailing Address

~~S. TRASK ST.
FL 33611~~
**4840 HERON POINTE DR #916
TAMPA, FL 33616**

~~5105 S. TRASK ST.
TAMPA FL 33616-2932~~ **SAME**

2. Principal Place of Business

4840 HERON POINTE DR #916

3. Mailing Address

4840 HERON POINTE DR

Suite, Apt. #, etc.

APT # 916

Suite, Apt. #, etc.

APT # 916

City & State

TAMPA, FL

City & State

TAMPA, FL 33616

Zip

33616

Country

USA

Zip

33616

Country

USA

4. FEI Number

59-3385156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORYELL, ROBERT A
5105 S. TRASK ST.
TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name

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

4840 HERON POINTE DR APT #916

City

Tampa

FL

Zip Code

33616

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

ROBERT A. CORYELL

4/19/00

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, 2000 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 **P** ☐ Delete
NAME **CORYELL, ROBERT A**
STREET ADDRESS **5105 S. TRASK ST.**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4840 HERON POINTE DR APT #916**
CITY-ST-ZIP **TAMPA FL. 33616**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (9/99)

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

ROBERT A. CORYELL

4/19/00

Date

813-837-8267

Daytime Phone #