

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052784

1. Entity Name

THE BENGAL GROUP, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90100 029 ***150.00

Principal Place of Business

4840 HERON POINTE DR.
APT #916
TAMPA FL 33616
US

Mailing Address

4840 HERON POINTE DR.
APT #916
TAMPA FL 33616
US

00042672



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4401 Ballast Pt Blvd
Suite, Apt. #, etc.

3. Mailing Address

4401 Ballast Pt Blvd
Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FL

4. FEI Number

59-3385156

Applied For

Not Applicable

Zip

33611

Country

USA

Zip

33611

Country

USA

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

CORYELL, ROBERT A
4840 HERON POINTE DR.
APT. #916
TAMPA FL 33616

Name

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

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

3/31/2001

Date

813-837-8267

Daytime Phone #

CR2E034 (10/00)