## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #**

P97000051694

1. Entity Name BENT WHEEL INC.



Principal Place of Business

10330 N DALE MABRY



Mailing Address 3808 BELL GRANDE DR VALRICO FL 33594

SUITE 120 TAMPA FL 33618



03-31-2003 90296 027 \*\*\*150.00



14407	-BN. Dole Mobry	14407-13 N	Dole M.	chry			_	
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE I	F MAKING CHAN	GES	
City & Stat	<u> </u>	City & State		***	4. FEI Number		Applied For	
	mpa FL	Tompa	1=4	'	59-3455437	-	Not Applicable	
Zip 336/	8 Hillsborough	Zip 33618	Country 4/1/5600	woh	5. Certificate of Status Desired	□ \$8.75 Fee Re	Additional	
	6. Name and Address of Current F	7. Name and Address of New Re	gistered Agent					
LUPPINO,	Name Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
3808 BELL GRANDE DR				`				
VALRÍCO FL 33594				3247 Glenwood Circle				
				City Holiday FL Zin Code 91				
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE David T. Luppino David Luppino Date  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Rent signature required when reinstating)  DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Signature required when reinstating)  DATE								
	ILE NOW!!! FEE IS \$150.00		<u></u>		9 Election Campaign Find	unoing	5:00 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution	. 🗆 A	dded to Fees	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	TORS IN 11	
TITLE	VP	Delete	TITLE			☐ Cha	ange	
NAME	LUPPINO, ANN		NAME					
STREET ADDRESS	3808 BELLGRANDE DR		STREET ADDRESS					
CITY-ST-ZIP	VALRICO FL 33594		CITY-ST-ZIP	01.	<del></del>			
TITLE NAME	LUPPINO, DAVID J	Delete	TITLE NAME		id Therein	Cha	inge 🗌 Addition	
STREET ADDRESS	3302 PETERBOROUGH PL		STREET ADDRESS	324	id T. Luppino	rele	(	
CITY-ST-ZIP	PALM HARBOR FL 34684		CITY-ST-ZIP	Ha	liday, FL 3	4691	ſ	
TITLE		□ Delete	TITLE	VP	<i>/ \ \ '</i>	☐ Cha	ange Addition	
NAME		50,000	NAME	Too	11 L. Luppino 47 Glenwood C	, –	· /-	
STREET ADDRESS			STREET ADDRESS	324	47 Glenwood C	irole	]	
CITY-ST-ZIP			CITY-ST-ZIP	Hol	iday FL S	4691		
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STREET ADDRESS CITY-ST-ZIP		·	CITY-ST-ZIP					
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CITY-ST-ZIP			CITY-ST-ZIP				<u> </u>	
TITLE		☐ Delete	TITLE			☐ Cha	inge 🗌 Addition	
NAME			NAME				1	
STREET ADDRESS			STREET ADDRESS		4		Ì	
CITY-ST-ZIP			CITY-ST-ZIP					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: