

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91426 033 \*\*\*150.00

0591965 AV

**DOCUMENT # P97000075939**

1. Entity Name  
**BENTZ & FENCL, INC.**



Principal Place of Business  
**VIDEO MAGIC**  
**27405 US HWY 27 111**  
**LEESBURG FL 34748**  
**US**

Mailing Address  
**12239 MONTE VISTA ROAD**  
**CLERMONT FL 34711**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3463001**

Applied For

Not Applicable

Zip **34788**

Country **USA**

Zip

Country

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

**FENCL, LOUISE H**  
**12239 MONTE VISTA ROAD**  
**CLERMONT FL 34711**

Name

**Robert Durand**

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

**12239 Monte Vista Rd.**

City

**Clermont**

FL

Zip Code

**34711**

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 **Robert Durand**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-25-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **FENCL, LOUISE M**  
STREET ADDRESS **12239 MONTE VISTA ROAD**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **Interim President** ☒ Change ☐ Addition  
NAME **Robert Durand**  
STREET ADDRESS **12239 monte vista Rd.**  
CITY-ST-ZIP **Clermont, FL. 34711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

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

SIGNATURE: **Robert Durand**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-03**

Date

Daytime Phone #

CR2E034 (10/02)