

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90077 030 ***150.00

DOCUMENT # P97000094153

1. Entity Name
BENNARDI & ASSOCIATES, INC.

Principal Place of Business
 2849 SW 42ND AVENUE
 PALM CITY FL 34990
 US

Mailing Address
 2849 SW 42ND AVENUE
 PALM CITY FL 34990
 US



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
 2510 SE Willoughby Blvd
 Suite, Apt. #, etc.

3. Mailing Address
 2510 SE Willoughby Blvd
 Suite, Apt. #, etc.

City & State
 Stuart Florida
Zip
 34994
Country
 USA

City & State
 Stuart Florida
Zip
 34994
Country
 USA

4. FEI Number
 65-0791145

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BENNARDI, JOSEPH M
 2849 SW 42ND AVENUE
 PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name
 Bennardi, Joseph M.
Street Address (P.O. Box Number is Not Acceptable)
 2510 SE Willoughby Blvd.
City Stuart **FL** **Zip Code** 34994

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]
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PD NAME BENNARDI, JOSEPH M STREET ADDRESS 2849 SW 42ND AVENUE CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE TOSD NAME BENNARDI, SANDRA M STREET ADDRESS 2849 SW 42ND AVENUE CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE VPD NAME RODRIGUES, CARL STREET ADDRESS 2849 SW 42ND AVENUE CITY-ST-ZIP PALM CITY FL 34990	<input checked="" 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 PD NAME Bennardi, Joseph M STREET ADDRESS 2510 SE Willoughby Blvd CITY-ST-ZIP Stuart, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TOSD NAME Bennardi, Sandra STREET ADDRESS 2510 SE Willoughby Blvd CITY-ST-ZIP Stuart, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME Rodrigues, Carl STREET ADDRESS 2510 SE Willoughby Blvd CITY-ST-ZIP Stuart, FL 34994	<input checked="" 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] **Joseph M. Bennardi Pres** **4/30/02** **772-286-8666**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)