FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2005 8:00 am
Secretary of State
05-19-2005 90046 004 ***150.00

DOCUMENT # P98000046658

1. Entity Name: BENTS Auto Center

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
BENTS Auto Center	
Suite, Apt. #, etc.: 2009 N Florida Ave	Suite, Apt. #, etc.
City & State: Tampa	City & State: FL
Zip: 33602 Country: FL	Zip: 33602 Country: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3504101 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VERNON BENT

Street Address (P.O. Box Number is Not Acceptable): 3004 N Highland Ave

City: Tampa FL Zip Code: 33603

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: VBM
Signature, typed or printed name of registered agent and title if applicable — (If not Registered Agent, signature required when delivered) — DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VERNON BENT PRESIDENT 3004 N Highland Ave Tampa FL 33603	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: VBM 05-16-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Mailing Agent)

CR2E034B (12/02)