

**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 # P98 000046628	
1. Entity Name BENTS Auto Center	

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

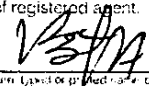
4. FEI Number 59-3504101		Applied For ☐	Not Applicable ☐
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

**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 

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

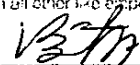
9. Election Campaign Financing
Trust Fund Contributions ☐ **\$5.00** May Be Added to Fees

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-16-05

Date

On-line Filing

CR2E034B (12/02)