

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047029

1. Entity Name

ENTERPRISE PATTERN & MODEL, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90216 038 ***150.00

Principal Place of Business

Mailing Address

777 WESLEY AVE. UNIT C
TARPON SPRINGS FL 34689

777 WESLEY AVE. UNIT C
TARPON SPRINGS FL 34689-6711

2. Principal Place of Business

3. Mailing Address

777 WESLEY AVENUE
Suite, Apt. #, etc.

777 WESLEY AVENUE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3516104

Applied For

Not Applicable

Zip

Country

Zip

Country

34689-6711

34689-6711

USA

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

BENTLEY, CHARLEN D
777 WESLEY AVE, UNIT C
TARPON SPRINGS FL 34689

Name

BENTLEY, CHARLENE D.

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

777 WESLEY AVENUE

TARPON SPRINGS

City

FL

Zip Code

34689

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

Charlene Bentley

4/18/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BENTLEY, LEE W	
STREET ADDRESS	748 LOQUAT DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENTLEY, CHARLENE D	
STREET ADDRESS	748 LOQUAT DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Charlene Bentley CHARLENE D BENTLEY

4/18/00

(727) 934-9781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)