

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090826

1. Entity Name

BEDNARK INSURANCE AGENCY, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90003 029 ***150.00

Principal Place of Business

3135 STATE ROAD 580, #10
SAFETY HARBOR FL 34695

Mailing Address

3135 STATE ROAD 580, #10
SAFETY HARBOR FL 34695-4917

2. Principal Place of Business

29399 U.S. HWY. 19 N.

3. Mailing Address

29399 U.S. HWY. 19 N.

Suite, Apt. #, etc.

3605

Suite, Apt. #, etc.

3605

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33761

Country

U.S.A.

Zip

33761

Country

U.S.A.

4. FEI Number

59-3539006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEDNARK, CHRISTOPHER A
3135 STATE ROAD 580, #10
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

MARK BEDNARK

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

29399 U.S. HWY. 19 N.

3605

City

CLEARWATER

FL

Zip Code

33761

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.

(MARK BEDNARK)

3/27/00

(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

TITLE PSTD
NAME BEDNARK, CHRISTOPHER A
STREET ADDRESS 3135 STATE ROAD 580, #10
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME MARK BEDNARK
STREET ADDRESS 10814 PRESERVATION VIEW DR. #102
CITY-ST-ZIP TAMPA, FL 33626 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(MARK BEDNARK)

Date

Daytime Phone #

(727) 771-2844

CR2E034 (9/99)