

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091207

1. Entity Name

BEDNAR TRUCKING COMPANY, INC.

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90099 006 ***150.00

Principal Place of Business

6439 WOODSMAN DR
ZEPHYRHILLS FL 33544

Mailing Address

6439 WOODSMAN DR
ZEPHYRHILLS FL 33544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3549075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BEDNAR, THERESA M~~
6439 WOODSMAN DR
ZEPHYRHILLS FL 33544

JOSEPH A. BEDNAR, JR.

7. Name and Address of New Registered Agent

Name

JOSEPH A. BEDNAR, JR.
Street Address (P.O. Box Number is Not Acceptable)

City

6439 WOODSMAN DR

ZEPHYRHILLS

FL

Zip Code

33544

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

Joseph A. Bednar, Jr.
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, 2002 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	DPTC	<input type="checkbox"/> Delete
NAME	BEDNAR, JOSEPH JR	
STREET ADDRESS	6439 WOODSMAN DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33544	
TITLE	DSM	<input type="checkbox"/> Delete
NAME	SCHWARTZ, CHARLOTTE	
STREET ADDRESS	6439 WOODSMAN DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33544	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEDNAR, KEITH R	
STREET ADDRESS	2503 MOBILAIRE DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, SHEILA	
STREET ADDRESS	26234 BRAHMA DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEDNAR, ERIC	
STREET ADDRESS	6439 WOODSMAN DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/02

813 977 5540

CR2E034 (9/01)