## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **P99000012857** Mar 30, 2000 8:00 am **Secretary of State** BONSETT BUSINESS SYSTEMS, INC. 03-30-2000 90019 050 \*\*\*150.00 Mailing Address Principal Place of Business 239 WIMBLEDON LAKE DRIVE 239 WIMBLEDON LAKE DRIVE PLANTATION FL 33324-2445 PLANTATION FL 33324 2. Principal Place of Business 2301 Nw 85<sup>th</sup> 3. Mailing Address 2301 N.W. 85th Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 308728625 City & State City & State Applied For Pembroke Pines Pembroke Pines, FL. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33 o z.4 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bonsett Ryan BONSETT, RYAN S Street Address (P.O. Box Number is Not Acceptable) 239 WIMBLEDON LAKE DRIVE PLANTATION FL 33324 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. 3-26-00 (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. SPT ☐ Addition ☐ Delete TITLE TITLE Bonsett, Ryan 5 2301 HW 85th AUR BONSETT, RYAN S NAME STREET ADDRESS STREET ADDRESS 239 WIMBLEDON LAKE DRIVE Pembroke Pines FL. 33024 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change ☐ Addition TITLE Delete TITLE BONSETT, RICHARD J NAME NAME STREET ADDRESS 1811 EXECUTIVE DRIVE STE. I STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS IN 46241 CITY-ST-ZIP ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

954-430-2929