

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038318

1. Entity Name
BENTWOOD PRODUCTIONS, INCORPORATED

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90147 032 ***550.00

Principal Place of Business

2010 BENTWOOD DRIVE
WINTER PARK FL 32792

Mailing Address

P.O. BOX 2443
GOLDENROD FL 32733-2443

2. Principal Place of Business

~~2010 Bentwood Drive~~

~~Suite, Apt. #, etc.~~

~~City & State~~

~~Zip~~

3. Mailing Address

~~P.O. Box~~

~~Suite, Apt. #, etc.~~

~~City & State~~

~~Zip~~



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3572464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLIN, JOHN E
2010 BENTWOOD DRIVE
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete

NAME JOHN MULLIN
STREET ADDRESS 2010 BENTWOOD DR.
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☐ Delete

NAME VICE PRESIDENT
STREET ADDRESS KRISTIN CRAWFORD
CITY-ST-ZIP 2010 BENTWOOD DR.
WINTER PARK, FL 32792

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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

7/13/00

Date

Daytime Phone #