

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90406 021 ***150.00

DOCUMENT # P990000039718

1. Entity Name
BENDAY, INC.

Principal Place of Business
4736 HWY. 90 EAST
MARIANNA FL 32446

Mailing Address
P.O. BOX 486
MARIANNA FL 32446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3573402**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ODOM, JOHN H
4736 HWY. 90 EAST
MARIANNA FL 32446

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

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, 2001 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 **D** ☐ Delete
 NAME **ODOM, JOHN H**
 STREET ADDRESS **4736 HWY. 90 EAST**
 CITY-ST-ZIP **MARIANNA FL 32446**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: *John H Odom*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-01 850-482-8366
Date Daytime Phone #

CR2E034 (10/00)

Attachment

BENDAY, INC.
P. O. Box 486
Marianna, FL 32447

99000039718
B0057780

May 10, 2001

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Benday, Inc., 59-3573402

Ms. Harris:

I am enclosing my check in the amount of \$150.00 to renew above stated corporation. I recently moved from one office to another. In the process of moving, the annual corporate report was placed in a drawer and overlooked for renewal before May first. I just found it and am sincerely requesting that you waive the late fee.

Sincerely,

John H. Odom
John H. Odom

JHO/cg

Enclosure