2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90063 039 ***158.75

DOCUMENT # P99000061483

1. Entity Name
THE BUNKLEY GROUP, INC.

Principal Place of Business	Mailing Address
3202 COLWELL AVE #1106 TAMPA FL	PO BOX 273196 TAMPA FL 33688-3196

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10014 N DALE MABRY HWY	
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.:
City & State: Tampa Florida	City & State:
Zip: 33618 Country: Hillsborough	Zip: Country:

4. FEI Number: 59-3586482 ☐ Applied For ☐ Not Applicable

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
BUNKLEY, WILLIAM H 3202 COLWELL AVE #1106 TAMPA FL	Name: William H. Bunkley Street Address (P.O. Box Number is Not Acceptable): 10014 N Dale Mabry Hwy Suite 101 City: Tampa FL Zip Code: 33618

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] WILLIAM H. BUNKLEY 4/20/2000
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUNKLEY, WILLIAM H		NAME		
STREET ADDRESS	PO BOX 273196		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33688-3196		CITY-ST-ZIP		
TITLE	DVST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUNKLEY, LAURA		NAME		
STREET ADDRESS	PO BOX 273196		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33688-3196		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] WILLIAM H. BUNKLEY 4/20/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #