

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90109 047 ***150.00

0390143

DOCUMENT # P99000067866

1. Entity Name

BENTLEY MORTGAGE GROUP, INC.

Principal Place of Business

13902 N. DALE MABRY
213
TAMPA FL 33618

Mailing Address

13902 N. DALE MABRY
213
TAMPA FL 33618

2. Principal Place of Business

13909 N. DALE MABRY

3. Mailing Address

SAME

Suite, Apt. #, etc.

109

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33618

Country

USA

Zip

Country

4. FEI Number

APPLIED FOR

59-359-1396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BENTLEY, HERSHEL G
17039 WINNERS CIR.
ODESSA FL 33556

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

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

TITLE PVD
NAME BENTLEY, HERSHEL G
STREET ADDRESS 13902 N. DALE MABRY, #213
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE STD
NAME BENTLEY, JENNIFER S
STREET ADDRESS 13902 N. DALE MABRY, #215
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE D
NAME BENTLEY, H L
STREET ADDRESS 13902 N. DALE MABRY, #213
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE D
NAME BENTLEY, GEORGINA
STREET ADDRESS 13902 N. DALE MABRY, #213
CITY-ST-ZIP TAMPA FL 33618 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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 #

1/26/01

813-908-024

CR2E034 (10/00)