

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071655

1. Entity Name

BENT N' DENT INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-23-2000 90206 027 ***150.00

Principal Place of Business

Mailing Address

3107 DOUGLAS ST.
MIMS FL 32754

3107 DOUGLAS ST.
MIMS FL 32754-4208

2. Principal Place of Business

3105 DOUGLAS ST.

3. Mailing Address

3105 DOUGLAS ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIMS, FL

City & State

MIMS, FL

4. FEI Number

59-3592765

Applied For

Not Applicable

Zip

32754

Country

US

Zip

32754

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, MILDRED I
2018 JAY JAY RD.
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name

MILDRED I. COOPER

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

132 E. TOWN PLACE

City

Titusville

FL

Zip Code

32796

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT
MILDRED I. COOPER
132 E. TOWN PL.
Titusville, FL. 32796

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V-P
Same as Above

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Secretary
Same as Above

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Treasurer
Same as Above

☐ Delete

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

321-385-0103

Date

Daytime Phone

CR2E034 (9/99)