

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90116 035 ***150.00

DOCUMENT # *P99000098842*

1. Entity Name

BENTLEY'S HEALTH & NUTR SVCS. INC
#2



DO NOT WRITE IN THIS SPACE

10074466

2. Principal Place of Business

TEMPORARILY CLOSED

3. Mailing Address

P.O. BOX 780501

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL.

4. FEI Number

36-4340489

Applied For

Not Applicable

Zip

Country

Zip

Country

32878

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BENTLEY LOUVIERE

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

433 CAREY WAY

City

ORLANDO, FL.

FL

Zip Code

32825

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. PRESIDENT, OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
BENTLEY LOUVIERE
433 CAREY WAY
ORLANDO, FL. 32825

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/T/S/D/
BENTLEY LOUVIERE
433 CAREY WAY
ORLANDO, FL. 32825

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/03

Date

407-381-2900

Daytime Phone #

CR2E034B (12/02)