

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S17016**

1. Entity Name  
**BEDNAR RELOCATIONS, INC.**



Principal Place of Business  
**930 E. 124TH AVE.  
TAMPA FL 33612**

Mailing Address  
**930 E. 124TH AVE.  
TAMPA FL 33612**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90239 012 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0228856</b>	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	
<b>SCHWARTZ, CHARLOTTE M 930 E. 124TH AVE. TAMPA FL 33612</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	MDCT	TITLE	
NAME	SCHWARTZ, CHARLOTTE	NAME	
STREET ADDRESS	6439 WOODSMAN DR	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	CITY-ST-ZIP	
TITLE	VSTD	TITLE	
NAME	BEDNAR, JOSEPH A.	NAME	
STREET ADDRESS	6439 WOODSMAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	CITY-ST-ZIP	
TITLE	CDTS	TITLE	
NAME	BEDNAR, KEITH	NAME	
STREET ADDRESS	2503 MOBIL AIRE DR	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlotte M. Schwartz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/11/03* *8139715941*  
Date Daytime Phone #

CR2E034 (10/02)