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CR2E034

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 03, 2002 8:00 am Secretary of State **DOCUMENT #** S70351 1. Entity Name 04-03-2002 90013 023 ***150 00 R.L. BENTLEY ENTERPRISES, INC. Principal Place of Business Mailing Address OTOSIO 900 PINELLAS BAYWAY 900 PINELLAS BAYWAY SUITE 211 SUITE 211 TIERRE VERDE FL 33715 TIERRE VERDE FL 33715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3077426 Not Applicable Country . Country Zip _ Zip \$8.75 Additional 5. Certificate of Status Desired: - - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYRNE, JAMES A Street Address (P.O. Box Number is Not Acceptable) 540 4TH ST. N. ST. PETERSBURG FL 33701 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 ! (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition TITLE ☐ Delete TITLE HACKETT, RICHARD E NAME NAME 900 PINELLAS BAYWAY #211 STREET ADDRESS STREET ADDRESS TIÈRRE VERDE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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