FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 20, 2001 8:00 am DOCUMENT # 437052 **Secretary of State** 1. Entity Name BILL BENHART, INC. 07-20-2001 90001 027 ***550.00 Principal Place of Business Mailing Address 4564 JONATHAN CREEK RD. 1713 PENN AVE WAYNESVILLE NC 28786 PALM HARBOR FL 34683 2. Principal Place of Business JONATHAN CREEK SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-1492346 Not Applicable 2^{Zip}8785 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REVELIA. SUSAN Street Address (P.O. Box Number is Not Acceptable) 1440 WISCONSIN AVENUE PALM HARBOR FL 34683 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, typed or printed name of registered agent and title if applicable. DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME BENHART, MARVIN W NAME STREET ADDRESS 135 SOUTHERN WAY STREET ADDRESS WAYNESVILLE NO CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition - ROWALDF NAME BENHART, RONALD F NAME PINECREST LANE STREET ADDRESS 1713 PENN AVE STREET ADDRESS CITY-ST-ZIP WAYNESVILLE NC 28785 Palm Harbor Fl CITY-ST-ZIP TITLE Delete* TITLE - Change - - Addition NAME STARNES, PAMELA NAME 73 N. MAIN ST. NAYNESVILLE NC STREET ADDRESS 273 N. MAIN ST. STREET ADDRESS CITY-ST-ZIP WAYNESVILLE NC CITY-ST-ZIP 28786 TITLE Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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. Lifurther 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.