FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 437052 1. Entity Name BILL BENHART, INC.						Jan 24, 2002 8:00 am Secretary of State 01-24-2002 90173 001 ***150.00				
Principal Place of Business #564 JONATHAN CREEK RD.: WAYNESVILLE: NS: 29785 (**) US		Mailing Address 4564 JONATHAN CREEK RD. WAYNESVILLE NC 28785 US								
2. Principal Place of Business		3. Mailing Address								
Suite; Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPA	₹CE	1		
City & Stat	te	City & State			4 . F	El Number 59-1492346		_ 	oplied For ot Applicable	
Zip _r	. Country	Zip .	Count	try	5. (Certificate of Status Desired		3.75 Add e Require		
	6. Name and Address of Current R	egistered Agent		Name	7. N	lame and Address of New Re	gistered Ag	ent		
REVELIA, SUSAN 1440 WISCONSIN AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
PALM HARBOR FL 34683										
÷		City				FL	Zip Cod	e		
Tax filing (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After May 1, 20 Make Check Payab	02 Fee	will be \$550.0	State	Election Campaign Fina Trust Fund Contribution. DIT!ONS/CHANGES TO OFFICE		Added	May Be d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D VS BENHART, MARVIN W 135 SOUTHERN WAY WAYNESVILLE NC	Delete		I	AD	DITIONS/CHANGES TO OFFIC		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BENHART, RONALD F 1713 PENN AVE PALM HARBOR FL	▶ Delete		l l] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BENHART, RONALD F 149 PINCREST LANE WAYNESVILLE NC 28785	□ Delete		i i] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROGERS, GINA 273 N. MAIN ST. WAYNESVILLE NC 28786	□ Delete						Change	☐ Addition	
TITLE Name Street address City-St-Zip		□ Delete		1] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			Ĺ	Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with the control of the cont	ue and accurate and that ne ered to execute this report	ny signati as requir	ure shall have th	ne same l	egal effect as if made under oa	th; that I am appears in B	an officer lock 11 or	or director r Block 12 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/-7-02 828-926-3003
Date Daytime Phone #