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

## 437052 **DOCUMENT #**

1. Entity Name

BILL BENHART, INC.



## FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90068 045 \*\*\*150.00

| Principal Place of Business<br>4564 JONATHAN CREEK RD.<br>WAYNESVILLE NC 28785<br>US   |   | Mailing Address<br>4564 JONATHAN CREEK RD.<br>WAYNESVILLE NC 28785<br>US |                         |   |   |  |              |                            |                            |  |
|--|---|--|-------------------------|---|---|--|--------------|----------------------------|----------------------------|--|
| 2. Principal P   | lace of Business  | 3. Mailing Address   |                         |   |   |  |              |                            |                            |  |
| Suite, Apt.  | #, etc  | Suite, Apt. #, etc.  |                         |   |   | CHECK HERE IF MAKING CHANGES                               |              |                            |                            |  |
| City & State   | e   | City & State   |                         | <b>4.</b> F                                 | 4. FEI Number 59-1492346                                |  |              | Applied For Not Applicable |                            |  |
| Zip  | Country   | - Zip Country  |                         |   | <b>5.</b> C   | 5. Certificate of Status Desired See Required Fee Required |              |                            |                            |  |
| Name and Address of Current Registered Agent   |   |  |                         | 7. Name and Address of New Registered Agent |   |  |              |                            |                            |  |
| REVELIA, SUSAN<br>1440 WISCONSIN AVENUE<br>PALM HARBOR FL 34683  |   |  |                         |   | Name Street Address (P.O. Box Number is Not Acceptable) |  |              |                            |                            |  |
| 173EN 104  | 1001112 01000   |  | City                    |   |   | FL   | Zip Code     | e                          |                            |  |
| 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 |   |  |                         |   |   |  |              |                            | and accept                 |  |
| the obligations of registered agent.   |   |  |                         |   |   |  |              |                            |                            |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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   |   |  |                         |   | ١   | Election Campaign Finant<br>Trust Fund Contribution.       | cing 🗆       |                            | <b>0</b> May Be<br>to Fees |  |
| 10.  | OFFICERS AND D  | DIRECTORS  | 11.                     |   | AD  | DITIONS/CHANGES TO OFFICE                                  | RS AND E     | DIRECTORS                  | S IN 11                    |  |
| TITLE  | VS  | ☐ Delete   | TITLE                   |   |   |  | [            | Change                     | ☐ Addition                 |  |
| NAME<br>STREET ADORESS<br>CITY-ST-ZIP  | BENHART, MARVIN W<br>135 SOUTHERN WAY<br>WAYNESVILLE NC       |  | NAME<br>STREE<br>CITY-S | FADDRESS<br>ST-ZIP                          |   |  |              |                            |                            |  |
| TITLE<br>NAME<br>STREET ADDRESS  | PT<br>BENHART, RONALD F<br>149 PINCREST LANE                  | ☐ Delete   |                         | F ADDRESS                                   |   |  |              | Change                     | Addition                   |  |
| - CITY-ST-ZIP  | MATRICONILLE NO 20100   |  | CITY                    | ST-ZIP                                      |   |  |              |                            | Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | AS<br>ROGERS, GINA<br>273 N. MAIN ST.<br>WAYNESVILLE NC 28786 | ☐ Delete   | NAME<br>STREE<br>CITY-S | T ADORESS<br>ST-ZIP                         |   |  | ·            | Change                     | L. Addition                |  |
| TITLE  |   | ☐ Delete   | TITLE                   |   |   | ······································                     | [            | Change                     | Addition                   |  |
| NAME   |   | <del></del>  | NAME                    |   |   |  |              |                            |                            |  |
| STREET ADDRESS   |   |  |                         | T ADDRESS                                   |   |  |              |                            |                            |  |
| CITY-ST-ZIP  |   |  | CITY-                   | ST-ZIP                                      |   | 41-41-T  |              |                            |                            |  |
| TITLE  |   | ☐ Delete   | TITLE                   |   |   |  | [            | Change                     | Addition                   |  |
| NAME<br>STREET ADDRESS   |   |  | NAME<br>STREE           | T ADDRESS                                   |   |  |              |                            |                            |  |
| CITY-ST-ZIP  |   |  | CITY-                   | I .   |   |  |              |                            |                            |  |
| TITLE  |   | ☐ Delete   | TITLE                   |   |   |  |              | Change                     | ☐ Addition                 |  |
| NAME   |   |  | NAME                    |   |   |  |              | -                          |                            |  |
| STREET ADDRESS   |   |  | STREE                   | T ADDRESS                                   |   |  |              |                            |                            |  |
| CITY-ST-ZIP  |   |  | CITY-                   | ST-ZIP                                      |   |  |              |                            |                            |  |
| 12.   hereby   | certify that the information supplied with t                  | this filing does not qualify for   | the exem                | ption stated                                | in Section  | 119.07(3)(i), Florida Statutes. I fu                       | rther certif | y that the in              | nformation                 |  |

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 the empowered.

**SIGNATURE:** 

828-926-3003