

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90056 033 ***550.00

DOCUMENT # G08251
 1. Entity Name
BENET STORE, INC.

Principal Place of Business Mailing Address
C/O MARLA F PENNINGTON **C/O MARLA F PENNINGTON**
62 ST GEORGE ST **62 ST GEORGE ST**
ST AUGUSTINE FL 32084 **ST AUGUSTINE FL 32084-3641**

00057039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
62 St. George St **62 St. George St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
ST. AUGUSTINE, FL **ST. AUGUSTINE FL**
 Zip Country Zip Country
32084 **32084**

4. FEI Number **59-2243487** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent
PENNINGTON, MARLA F
62 ST GEORGE ST
ST AUGUSTINE, FL
32084

7. Name and Address of New Registered Agent
 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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENNINGTON, MARLA F 103 DOLPHIN DR ST AUGUSTINE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.

SIGNATURE _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #