

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90012 038 ****61.25

DOCUMENT # NO 4000007042

1. Entity Name

Ben's Place Services, Inc.



DO NOT WRITE IN THIS SPACE

20063113

2. Principal Place of Business

773 Cesery Blvd.

Suite, Apt. #, etc.

Suite 1

City & State

Jax, FL

Zip
32211

Country

USA

3. Mailing Address

773 Cesery Blvd.

Suite, Apt. #, etc.

Suite 1

City & State

Jax, FL

Zip
32211

Country

USA

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4. FEI Number

32-0122751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Melody McFadden

Street Address (P.O. Box Number is Not Acceptable)

371662 Henry Smith Rd.

City

Hilliard

FL

Zip Code

32046

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 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

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P
NAME Melody McFadden
STREET ADDRESS 371662 Henry Smith Rd.
CITY-ST-ZIP Hilliard, FL 32046

TITLE V
NAME Maureen Trauher
STREET ADDRESS 548 Nightingale Rd.
CITY-ST-ZIP Jax, FL 32216

TITLE S
NAME Venessa Fairbairn
STREET ADDRESS 2141 Loch Rane Blvd. Suite 107
CITY-ST-ZIP Orange Park, FL 32073

TITLE D
NAME Dan Daly
STREET ADDRESS 8027 Santillo Dr.
CITY-ST-ZIP Jax, FL 32217

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**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Melody K. McFadden Melody K. McFadden 7/12/05 (904) 721-5662

CR2E037B (12/02)