

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90503 028 ***150.00

DOCUMENT # P02000059817



1. Entity Name
JEFFREY L. BENOIT, PH.D., INC.

Principal Place of Business
**517 MAIN STREET
CHATTAHOOCHEE FL 32324**

Mailing Address
**517 MAIN STREET
CHATTAHOOCHEE FL 32324**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address *P.O. 294
Chattahoochee, FL 32324*
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number *52-2371134* Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

**BENOIT, JEFFREY L PH.D.
517 MAIN STREET
CHATTAHOOCHEE FL 32324**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BENOIT, JEFFREY L	
STREET ADDRESS	517 MAIN STREET	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENOIT, MARCIA N	
STREET ADDRESS	517 MAIN STREET	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

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 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 like empowered.

SIGNATURE: *Jeffrey L. Benoit, Ph.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY L. BENOIT, Ph.D.
1/16/03 850-663-9687
Date Daytime Phone #

CR2E034 (10/02)