

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000052569

Entity Name: BENEFIT SCIENTIFIC, INC.**Current Principal Place of Business:**1320 CHARLESTON SQUARE DR
UNIT 202
NAPLES, FL 34110**Current Mailing Address:**1320 CHARLESTON SQUARE DR
UNIT 202
NAPLES, FL 34110 US**FEI Number:** 46-2988413**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARLSON, WILLIAM R
1320 CHARLESTON SQUARE DR
UNIT 202
NAPLES, FL 34110 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	CARLSON, WILLIAM R
Address	1320 CHARLESTON SQUARE DR UNIT 202
City-State-Zip:	NAPLES FL 34110

Title	P
Name	CARLSON, WILLIAM R
Address	1320 CHARLESTON SQUARE DR UNIT 202
City-State-Zip:	NAPLES FL 34110

Title	T
Name	CARLSON, WILLIAM R
Address	1320 CHARLESTON SQUARE DR UNIT 202
City-State-Zip:	NAPLES FL 34110

Title	S
Name	CARLSON, WILLIAM R
Address	1320 CHARLESTON SQUARE DR UNIT 202
City-State-Zip:	NAPLES FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM ROB CARLSON**DIRECTOR****04/21/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date