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

## **DOCUMENT #** 522280

1. Entity Name



Mar 12, 2003 8:00 am Secretary of State 03-12-2003 90111 041 \*\*\*150.00

**FILED** 

BENNEY & ARNOLD ENTERPRISES, INC.

936 5.F. 9<sup>Th</sup> APP Mailing Address
POMPANO BCH 4201 BOUGAINUALA DR Principal Place of Business
4201 BOUGAINVILLA DR

	184-THE-SEA FL 33308 FL 33060	LAUDERDACE-RY-THE-SEA	A FL 33308				
2. Principal <b>930</b>	Place of Business TH AVE	3. Mailing Address 930 5.E.	914 11		4 1000,001 01,010 1,010 11010 11990 119	!!!	1881 B1811 81811 1881
Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES		
City & Sta	MPANA KEACH FL.	City & State POMPANO	BEACH FL	ORIDA	4. FEI Number 59-1705995		Applied For Not Applicable
Zip 3 3	060 BROWARD	33060	BROWA	RD ]	5. Certificate of Status Desired	□ \$8.75 Fee Rec	Additional uired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
DENINEY JAMILLAND F			Name	Name			
BENNEY, WILLIAM J 930 SE 9TH AVE #8			Street	Street Address (P.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33060							
			City				Code
8. The above	named entity submits this statement for t	he purpose of changing its	registered office	or registere	d agent, or both, in the State of Flo	rida. I am familiar v	/ith, and accept
the obligat	tions of registered agent.						in in a docupt
SIGNATURE .							
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent sign	ature required w	when reinstating)	DATE	<del></del>
F F	ILE NOW!!! FEE IS \$150.00		···				
After May 1, 2003 Fee will be \$550.00					S. Election Campaign Fin     Trust Fund Contribution		5.00 May Be
	k Payable to Florida Department of S	State			ridat i dila contribution	i. L Ad	ided to Fees
10.	OFFICERS AND DI	RECTORS	11.	-, -	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 11
TITLE NAME	PD PENNEY MAILLAND	☐ Delete	TITLE	SEC		☐ Chan	ge Addition
_	Benney, William J 4 <del>201-Bougainvilla-dr</del>		NAME	AM	NA BENNEY S.E 9TH AVE +	<i>‡8</i>	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA:		STREET ADDRESS CITY-ST-ZIP				l
TITLE	VD		-		PANO BEACH P		
NAME I	ARNOLD, THERESA	☐ Delete	TITLE NAME	RE.	SIDENT	Chan	ge Addition
STREET ADDRESS	4201 BOUGAINVILLA DR		STREET ADDRESS	030	LLIAM J BENNE) SE 9TH	APPA	-5-
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA,		CITY-ST-ZIP				
TITLE		Delete	TITLE	POM	PANO BEACFL 33		
NAME	A THE STATE OF THE	E 2 Delete	NAME	[		☐ Chang	ge 🔲 Addition
STREET ADDRESS		*** * * * * * * * * * * * * * * * * *	STREET ADDRESS		المعالمي المعالم		
CITY-ST-ZIP		_	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	1	<del> </del>	☐ Chang	ie Addition
NAME			NAME				7.00(10)
STREET ADDRESS	A		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				1
TITLE		☐ Delete	TITLE			Chang	e 🔲 Addition
NAME STREET ADDRESS	1		NAME				1
CITY-ST-ZIP			STREET ADDRESS				
TITLE			CITY-ST-ZIP	<u> </u>		<u></u>	
NAME		☐ Delete	TITLE			☐ Chang	e 🗌 Addition
STREET ADDRESS			NAME STREET ADDRESS				1
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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: 🗾