2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am Secretary of State **DOCUMENT # 532138** 1. Entity Name MORRIE BENSON, P.A. 03-08-2001 90072 045 ***150.00 Principal Place of Business Mailing Address 480 E WEBSTER AVE P O BOX 1497 WINTER PARK FL 32790-1497 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1760912 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Г Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name BENSON, MORRIE Street Address (P.O. Box Number is Not Acceptable) 480 E WEBSTER AVE WINTER PARK FL 32789 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition Change TITLE ☐ Defete TITI F BENSON, MORRIE NAME STREET ADDRESS STREET ADDRESS 480 E WEBSTER AVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 2-28-01 407-628-9898

SIGNATURE:

FILED