

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 26, 2002 8:00 am
Secretary of State**

03-26-2002 90038 014 ***150.00

DOCUMENT # 532138

1. Entity Name

Morrie Benson, P.A.

B0051337

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

480 E. Webster Ave.

3. Mailing Address

P.O. Box 1497

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-1760912

Applied For

Not Applicable

Zip
32789

Country
USA

Zip
32790-1497

Country
USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Morrie Benson, P.A.

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

480 E. Webster Avenue

City

Winter Park

FL

Zip Code

32789

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when taking office)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	Benson, Morrie	480 E. Webster Avenue	Winter Park, FL 32789				

**DO NOT WRITE
IN THIS SPACE**

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Morrie Benson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

407-628-9898

Day

Daytime Phone #

CR2E034B (12/01)