

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 617233

FILED  
Mar 19, 2002 8:00 AM  
Secretary of State

Entity Name: WILLIAM BENSON, INC.

## Current Principal Place of Business:

3144 NORTHSIDE DRIVE  
SUITE 301  
KEY WEST, FL 33040

## New Principal Place of Business:

3144 NORTHSIDE DRIVE  
SUITE 201  
KEY WEST, FL 33040

## Current Mailing Address:

BOX 4393  
KEY WEST, FL 33041

## New Mailing Address:

FEI Number: 59-1904041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENSON, WILLIAM  
17217 BONITA LN  
SUGARLOAF SHORES, FL 33042 US

## Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: BENSON, WILLIAM,  
Address: 17217 BONITA LN  
City-St-Zip: SUGARLOAF SHORES, FL

Title: VS ( ) Delete  
Name: BENSON, SARAH,  
Address: 17217 BONITA LN  
City-St-Zip: SUGARLOAF SHORES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: BENSON, WILLIAM,  
Address: 17217 BONITA LN  
City-St-Zip: SUGARLOAF SHORES, FL 33042 US

Title: VS (X) Change ( ) Addition  
Name: BENSON, SARAH,  
Address: 17217 BONITA LN  
City-St-Zip: SUGARLOAF SHORES, FL 33042 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM BENSON

PT

03/19/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date