


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90731 006 ***150.00

DOCUMENT # 807708

1. Entity Name
BENTON EXPRESS, INC.



Principal Place of Business
**1045 S. RIVER IND. BLVD., S.E.
PO BOX 16709
ATLANTA GA 30315**

Mailing Address
**1045 S. RIVER IND. BLVD., S.E.
ATLANTA GA 30315
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**OAKS, SHARON
2061 SCL DR
JACKSONVILLE FL 32209**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MATTHEWS, H. R (CHIP)	
STREET ADDRESS	1045 S. RIVER IND. BLVD., SE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATTHEWS, PATTY B	
STREET ADDRESS	1045 S. RIVER IND. BLVD., S.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MATTHEWS, HERBERT R	
STREET ADDRESS	1045 S RIVER IND BLVD SE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	CORDERO, BENNY	
STREET ADDRESS	1045 S. RIVER IND. BLVD., S.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	QUIGLEY, JAMES H	
STREET ADDRESS	1045 S. RIVER IND. BLVD., S.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAMMONDS, DON	
STREET ADDRESS	2061 SCL DR.	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James H. Quigley **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-29-03** **(404) 267-2208**
Date Daytime Phone #

CR2E034 (10/02)