

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90371 010 ***150.00

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DOCUMENT # F00000002840

1. Entity Name
BENEFICIAL INVESTMENT GROUP, INC.



Principal Place of Business
PMB 185, 501 N. ORLANDO AVE., #313
WINTER PARK FL 32789

Mailing Address
PMB 185, 501 N. ORLANDO AVE., #313
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3601242

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BENNETT, KIRK
430 N. ORLANDO AVENUE
WINTER PARK FL 32751

7. Name and Address of New Registered Agent

Name **Bennett, Kirk**
Street Address (P.O. Box Number is Not Acceptable) **2307 River Tree Cir**
City **Sanford** **FL** **Zip Code** **32771**

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **BENNETT, CHAD**
STREET ADDRESS **430 N. ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **PVST** ☒ Change ☐ Addition
NAME **Bennett, Chad**
STREET ADDRESS **PMB 185 @ 501 N. Orlando Ave #313**
CITY-ST-ZIP **Winter Park FL 32789** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 an officer like empowered.

SIGNATURE:

Signature **Chad Bennett**, president **4-27-03** **321-231-1849**
Signature and Typed or Printed Name of Signing Officer or Director **Date** **Daytime Phone #**

CR2E034 (10/02)