

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90105 037 ***150.00

DOCUMENT # F02000004233

1. Entity Name
BENEWAY MECHANICAL INC



Principal Place of Business
**1317 PEEKSKILL HOLLOW RD
CARMEL NY 10512**

Mailing Address
**1317 PEEKSKILL HOLLOW RD
CARMEL NY 10512**

2. Principal Place of Business

500 Route 52

3. Mailing Address

500 Route 52

Suite, Apt. #, etc.

CARMEL

Suite, Apt. #, etc.

City & State

Carmel, NY

City & State

Carmel, NY

Zip

10512

Country

USA

Zip

10512

Country

USA

4. FEI Number

13-4076557

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BENEWAY, CHARLES
1865 O/S HIGHWAY
MARATHON FL 33050**

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

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 **P** ☐ Delete
NAME **BENEWAY, MARK**
STREET ADDRESS **1317 PEEKSKILL HOLLOW RD**
CITY-ST-ZIP **CARMEL NY 10512**

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

TITLE **V** ☐ Delete
NAME **BENEWAY, JAMES**
STREET ADDRESS **7 DARIEN RD**
CITY-ST-ZIP **CARMEL NY 10512**

TITLE ☒ Change ☐ Addition
NAME **BENEWAY, JAMES**
STREET ADDRESS **68 Schrade Rd**
CITY-ST-ZIP **Carmel, NY 10512**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

MARK BENEWAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03
Date

845-229-4500
Daytime Phone #

CR2E034 (10/02)