

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

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90971 048 \*\*\*150.00

**DOCUMENT #** H72790  
1. Entity Name  
EDMUND F.BENSON & ASSOCIATES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 4001 NW 97 Avenue Suite, Apt. #, etc.	3. Mailing Address 4001 NW 97 Avenue Suite, Apt. #, etc.
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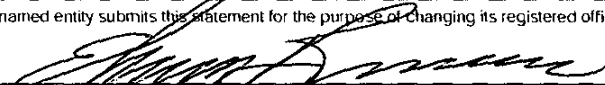
**B0057453**

DO NOT WRITE IN THIS SPACE

City & State Miami, FL 33178	City & State Miami, FL 33178	4. FEI Number 59-2577583	Applied For Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name BENSON, EDMUND	
	Street Address (P.O. Box Number is Not Acceptable) 243 Honeysuckle Drive	
	City Jupiter	FL Zip Code 33458

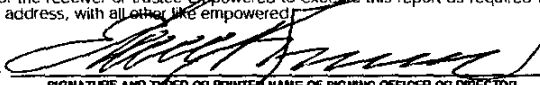
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE 3/22/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BENSON, EDMUND 243 Honeysuckle Drive Jupiter, FL 33458-2843	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BENSON, SUSAN 243 Honeysuckle Drive Jupiter, FL 33458-2843	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  DATE 3/22/02 305-592-7473  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)