

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J15279

1. Entity Name
GENERAL BENCHMARK, INC.

Principal Place of Business

21125 CORTEZ BLVD
BROOKSVILLE FL 34601
US

Mailing Address

21125 CORTEZ BLVD
BROOKSVILLE FL 34601
US

2. Principal Place of Business

5275 S. Stetson Point DR.
Suite, Apt. #, etc.

3. Mailing Address

5275 S. Stetson Point DR.
Suite, Apt. #, etc.

City & State

HOMOSASSA, FL
Zip 34448
Country USA

City & State

HOMOSASSA, FL
Zip 34448
Country USA

4. FEI Number

59-2765309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIDAL, HERMAN A.
21125 CORTEZ BLVD
BROOKSVILLE FL 34601

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.

SIGNATURE *Herman A. Vidal, Director*
HERMAN A. VIDAL

Signature of the registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/5/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVID, JOE	
STREET ADDRESS	315 HOWELL AVE.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MANUEL, GENE	
STREET ADDRESS	966 CANDLELIGHT BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VIDAL, HERMAN	
STREET ADDRESS	21125 CORTEZ BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *Herman A. Vidal*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/01

Date

386-792-1121

DeVine Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90053 013 ***550.00



DO NOT WRITE IN THIS SPACE

0128173 AT

CR2E034 (5/01)