2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

J46708

1. Entity Name

RICK BENNETT, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90680 019 ***150.00

						WE THE						
Principal Place of Business 6601 LYONS RD C7 COCONUT CREEK 33073 US			Mailing Address 4000 NW 108 DR CORAL SPRINGS FL 33065 US									
2. Principal P	lace of Busir	ness	3. Mailing Address					1			I BIEM BIBM #1	#11 #1#11 1881
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F	59-2751544				oplied For ot Applicable
Zip Country		Country	Zip	Zip Co		itry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registere	ed Agent			7. N	lame and Address o	f New Regi	stered A	gent	
						Name						l
Bennett, Rick A. 4000 RW 108th Drive						Street Address (P.O. Box Number is Not Acceptable)						
CORAL SF		_				-				,		
1						City			-	FL	Zip Cod	е
	named entitions of regis	y submits this statement fo tered agent.	r the purp	oose of changing its	register	ed office or regi	istered age	ent, or both, in the St	ate of Florida	a. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTI	E: Registere	ed Agent signature rec	quired when re	oinstating)		DATE		
Afte	r May 1, 20	11 FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State					9. Election Camp Trust Fund Co		ing 🗆		00 May Be d to Fees
	—	OFFICERS AND		l l	11.		AD	 DITIONS/CHANGES	TO OFFICE	RS AND	DIRECTOR	S IN 11
10.	PD	OFFICERS AND	DINECTO	Delete .	TITL						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BENNETT 4000 N.W	, RICK A. . 108TH DRIVE PRINGS FL 33065		□ Delete	NAM STR							
	COLLINE	TAITAG TE GOOGG			TITL						☐ Change	Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP	 			□ Delete	NAN STR							
TITLE NAME STREET ADDRESS				☐ Delete		AE EET ADDRESS	+				☐ Change	☐ Addition
CITY-ST-ZIP						Y-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							[] Orlange	
TITLE NAME STREET ADDRESS				☐ Delete	TITU NAM STR	E ME EET ADDRESS					☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>, , , , , , , , , , , , , , , , , , , </u>		☐ Delete	TITE NAM STR						Change	Addition

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: