

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K64681

1. Entity Name

BEN DEGUTIS ENTERPRISES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90117 029 ***150.00

Principal Place of Business

Mailing Address

% BEN DEGUTIS
143 YACHT CLUB DR., #8
N. PALM BCH. FL 33408

C/O BEN DEGUTIS
529 DRIFTWOOD RD
NORTH PALM BEACH FL 33408-4813
US

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

% Ben DeGutis

Ben DeGutis

Suite, Apt. #, etc.

Suite, Apt. #, etc.

529 Driftwood Rd

529 Driftwood Rd

City & State

City & State

North Palm Bch FL

N. Palm Beach FL

Zip

Country

Zip

Country

33408

U.S.A.

33408

4. FEI Number

65-0093554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEGUTIS, BEN
143 YACHT CLUB DR., #8
N. PALM BCH. FL 33408

Name

Ben DeGutis

Street Address (P.O. Box Number is Not Acceptable)

529 Driftwood Rd

City

N. Palm Bch

FL

Zip Code

33408

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS DEGUTIS, BEN
CITY-ST-ZIP 529 DRIFTWOOD RD
NORTH PALM BEACH FL

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

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 ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Ben DeGutis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ben DeGutis
Date 3/01/00

561-863-4609
Daytime Phone #

CR2E034 (9/99)