

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90050 047 ***150.00

DOCUMENT # K64681

1. Entity Name
BEN DEGUTIS ENTERPRISES, INC.

Principal Place of Business

% BEN DEGUTIS
 529 DRIFTWOOD RD
 N. PALM BCH. FL 33408

Mailing Address

% BEN DEGUTIS
 529 DRIFTWOOD RD
 N. PALM BCH. FL 33408
 US



2. Principal Place of Business

% Ben DeGutis
 Suite, Apt. #, etc.
 APT 8 143 yacht club dr
 City & State
 No Palm Beach FL
 Zip
 33408
 Country
 U.S.A.

3. Mailing Address

% Ben DeGutis
 Suite, Apt. #, etc.
 APT 8 143 yacht club dr
 City & State
 No Palm Beach FL
 Zip
 33408
 Country
 U.S.A.

DO NOT WRITE IN THIS SPACE

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

DEGUTIS, BEN
 529 DRIFTWOOD RD
 N. PALM BCH. FL 33408

7. Name and Address of New Registered Agent

Name **BEN DeGutis**
 Street Address (P.O. Box Number is Not Acceptable)
 APT 8 143 yacht club dr
 City **No Palm Beach 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 *Bernard J DeGutis*
 Signature, typed or printed name of registered agent and title if applicable.

PD

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEGUTIS, BEN 529 DRIFTWOOD RD NORTH PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ben DeGutis 143 yacht club dr APT 8 North Palm Beach FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Bernard J DeGutis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02

CR2E034 (9/01)