

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93560

1. Entity Name

BENEDETTI FURNITURE, INC.

Principal Place of Business

3280 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address

3280 COMMERCIAL WAY
SPRING HILL FL 34606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BENEDETTI, GERARDA
3280 COMMERCIAL WAY
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name **BENEDETTI, GERARDA**

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

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BENEDETTI, JOHN C	
STREET ADDRESS	6890 TREEHAVIN DRIVE	
CITY-ST-ZIP	SPRINGHILL FL 34606	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BENEDETTI, GERARDA	
STREET ADDRESS	6890 TREEHAVIN DRIVE	
CITY-ST-ZIP	SPRINGHILL FL 34606	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	BENEDETTI, CARMINE J	
STREET ADDRESS	11471 SPRINGHILL DRIVE	
CITY-ST-ZIP	SPRINGHILL FL 34606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENEDETTI, PAOLINO	
STREET ADDRESS	6890 TREEHAVIN DRIVE	
CITY-ST-ZIP	SPRINGHILL FL 34606	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENEDETTI, MARIO	
STREET ADDRESS	6890 TREEHAVIN DRIVE	
CITY-ST-ZIP	SPRINGHILL FL 34606	
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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STREET ADDRESS	
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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	

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: *Mario R. Benedetti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO R. BENEDETTI

4/28/01

DATE

352-683-4248

DAYTIME PHONE #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90253 004 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)