

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M85145

1. Entity Name

BENETAL CORP.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90067 044 ***550.00

Principal Place of Business

101 N. WOODLAND BLVD.
 SUITE 2121
 DELAND FL 32720
 US

Mailing Address

101 N. WOODLAND BLVD.
 SUITE 2121
 DELAND FL 32720-4245
 US

2. Principal Place of Business

~~101 N. Woodland Blvd~~
 Suite, Apt. #, etc.
 101 N. Woodland Blvd
 SUITE 200

City & State

Deland FL

Zip

32720

Country

US

3. Mailing Address

924 Village Green Rd
 Suite, Apt. #, etc.
 WELAND FL

City & State

WELAND FL

Zip

32720

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2903362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BENNETT JR., CLYDE C.
 101 N. WOODLAND BLVD.
 SUITE 200
 DELAND FL 32720

7. Name and Address of New Registered Agent

Name

BENNETT JR., CLYDE C.
 Street Address (P.O. Box Number is Not Acceptable)
 924 Village Green Rd

City

Deland

FL

Zip Code

32720

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BENNETT, CLYDE C., JR. 924 VILLAGE GREEN RD. DELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, SHELDON W. 103 COUNTRY CLUB DR. DELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNALS, GEORGE C. 816 LIBERTY CT DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TITCOMB, ELLWOOD A. 139 ASH DRIVE LAKE HELEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, JAMES H 924 VILLAGE GREEN RD DELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DJ. DANA FOGLE AS TRUSTEE 212 E. RYMOSIA AVE DELAND, FL 32721	<input checked="" 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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/00

Date

Daytime Phone #