

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000000675

FILED
Feb 12, 2003
Secretary of State

Entity Name: BENBOL INC.

Current Principal Place of Business:

1342 FLAXWOOD AVE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

1342 FLAXWOOD AVE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 90-0011155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACK, SEDRIC
3530 FIRST AVE NORTH #205
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

AGBEDE, BOLAJI
1342, FLAXWOOD AVE
BRANDON, FL 33511 US

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: BOLAJI AGBEDE

02/12/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AGBEDE, ENIOLA
Address: 1342 FLAXWOOD AVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: AGBEDE, BOLAJI
Address: 1342 FLAXWOOD AVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: MAKINDE, SEGUN
Address: CLOSE 44, HOUSE 7,
City-St-Zip: SATELLITE TOWN LAGOS NIGERIA, OC

Title: D () Delete
Name: ALADE E, TUNDEC
Address: Y20 SURULERE ROAD
City-St-Zip: USI-EKITI EKITI STATE NIGERI, OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOLAJI AGBEDE

D

02/12/2003

Electronic Signature of Signing Officer or Director

Date