

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000119

Entity Name

BENEDICT GRAPHIC DESIGNS, INC.

Principal Place of Business

12459 Hunt Cliff Lane
Jacksonville, FL 32224

Mailing Address

12459 Hunt Cliff Lane
Jacksonville, FL 32224**FILED**
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90076 009 ***150.00

C0076192

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3616113

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANDA M. BENEDICT
12459 HUNT CLIFF LANE
JACKSONVILLE, FL 32224

Name

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

City

FL

Zip Code

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DPST ☒ Delete
M. DEXTER WILSON
12459 Hunt Cliff Lane
Jacksonville, FL 32224TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DPST** ☒ Change ☐ Addition
NANDA M. BENEDICT
12459 HUNT CLIFF LANE
JACKSONVILLE, FL 32224☐ Change ☐ Addition**SIGN
HERE**

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

4/20/00

Date

Daytime Phone #

(904) 737-8171

CR2E034 (9/99)