

02-03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB -6 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000002794*

1. Entity Name

Central Florida Watersports Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4102 Bob White Ct

3. Mailing Address

41069 13th St PMB 330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Saint Cloud FL

City & State

Saint Cloud FL

Zip

34772

Country

Oscoda

Zip

34769

Country

Oscoda

4. FEI Number

59-3615449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mindy Benken

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

4102 Bob White Ct

City

Saint Cloud

FL

Zip Code

34772

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mindy Benken

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 3, 2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Kory Benken - President 5795 Parkview Pt. dr Orlando FL 32821</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Mindy Benken - Vice President 4102 Bob White Ct. St. Cloud FL 34772</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Spencer Dallas Lane - T 5795 Parkview Pt dr Orlando FL 32821</i>
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IN THIS SPACE**

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mindy Benken *Mindy Benken* *2-3-03* *407-709-2118*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



4069 13th St. PMB 330
Saint Cloud FL 34772
407-709-2118

To Whom It May Concern,

I would like to reinstate Central Florida Watersports Inc., and I am requesting a waiver of the \$600.00 charge. I am including a check for \$300.00 for reinstatement.

The company's previous address was 2308 DeerBrooke Dr. Lakeland FL. Unfortunately due to relocation back to the Orlando area, the UBR was not forwarded. I was not aware of the situation until I received the other UBR's for my other businesses and realized there was a problem.

I apologize for this oversight and request a waiver of the \$600.00 and reinstatement of the company.

Please feel free to contact me at 407-709-2118, or 407-498-1079 (fax).

Thank you for considering this request.

A handwritten signature in cursive script that reads "Mindy Benken".

Mindy Benken
Registered Agent
Central Florida Watersports Inc.