

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002992

1. Entity Name

SENCERS, CORP.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90074 029 ***150.00

U0018472



DO NOT WRITE IN THIS SPACE

Principal Place of Business

709 CAPE CORAL PARKWAY WEST
CAPE CORAL FL 33914

Mailing Address

709 CAPE CORAL PARKWAY WEST
CAPE CORAL FL 33914

2. Principal Place of Business

1441 SW 50th St.

3. Mailing Address

1740 SW 53rd Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL.

City & State

Cape Coral, FL.

4. FEI Number

65-0972271

Applied For

Not Applicable

Zip

33914

Country

Lee

Zip

33914

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Monika Farmer

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

1740 SW 53rd Ln.

City Cape Coral

FL

Zip Code

33914

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

Monika E. Farmer

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

(NOTE: Registered Agent signature required when reinstating)

2-15-01

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$350.00

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 PSD BENOIT ☐ Delete
NAME BENOIT, BRIGITTE
STREET ADDRESS 709 CAPE CORAL PARKWAY WEST
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE VTD BENOIT ☐ Delete
NAME BENOIT, JACQUES
STREET ADDRESS 709 CAPE CORAL PARKWAY WEST
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Monika E. Farmer MONIKA E. FARMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGENT

2/15/01 (941)540-1883

Date

Daytime Phone #

CR2E034 (10/00)