

5/15

FILED
Jul 08, 2002 8:00 am
Secretary of State

05-15-2002 90070 014 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000024817 ✓**
1. Entity Name
Gary P. Benjamin, P.A.

DO NOT WRITE IN THIS SPACE



96743

2. Principal Place of Business
2991 Dick Wilson Drive
Suite, Apt. #, etc.

3. Mailing Address
2991 Dick Wilson Drive
Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number **65-0999969** Applied For
 NOT APPLICABLE

Zip
34240

Country
USA

Zip
34240

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Nicholas P. Sardelis Jr., ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
2033 Main Street
Suite # 100 502
City
Sarasota FL Zip Code
34237

6. 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 DATE **7-2-02**
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent (signature required when missing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$81.25
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	S/D; V/S; V/T/D. Gary P. Benjamin, P.A. 2991 Dick Wilson Drive Sarasota, FL 34240	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E0348 (12/01)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.
SIGNATURE: DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR