

# 2002 UNIFORM BUSINESS REPORT (UBR)

1052

FILED

02 OCT 8 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P0000028871**

1. Entity Name  
**BIMINI JIM'S INCORPORATED**

Principal Place of Business <b>423 12TH AVE. INDIAN ROCKS BEACH FL 33785</b>	Mailing Address <b>423 12TH AVE. INDIAN ROCKS BEACH FL 33785</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

*HA*

09/09/02-90018-015-\$150.00



4. FEI Number **59-3640151** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**BENJAMIN, JAMES H**  
**423 12TH AVE.**  
**INDIAN ROCKS BEACH FL 33785**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable \_\_\_\_\_ DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BENJAMIN, JAMES H</b> <b>423 12TH AVE.</b> <b>INDIAN ROCKS BEACH FL 33785</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>BENJAMIN, MICHELLE M</b> <b>423 12TH AVE.</b> <b>INDIAN ROCKS BEACH FL 33785</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RENKIEWICZ, ERIC</b> <b>1 WINDRUSH BLVD., #83</b> <b>INDIAN ROCKS BEACH FL 33785</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FISHER, STEPHEN M</b> <b>421 12TH AVE.</b> <b>INDIAN ROCKS BEACH FL 33785</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James H. Benjamin* **REQUIRES** **JAMES H. BENJAMIN** 09-03-02 (727) 517-8098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (4/02)

Attachment

#P00000028871

2052

**BIMINI JIM'S INCORPORATED**

423 12th Avenue  
Indian Rocks Beach, FL 33785  
727 517-8098  
biminijims@aol.com

September 3, 2002

Division of Corporations  
~~Uniform Business Report Filings~~  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

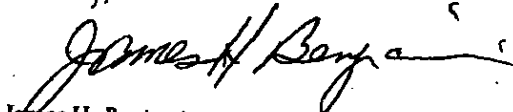
This letter is in reference to the Uniform Business Report.

Recently I received a notice to file my UBR with a \$550.00 filing fee. I feel this is in error since this is my first notice. I have not received a prior notice. Thus I am submitting the original \$150.00 filing fee with my completed report.

This troubles me since last year I did not receive a prior notice, were unaware of the above-mentioned procedure, and paid \$758.75. This is an overcharge of \$600.00 (\$8.75 was paid for the Certificate of Status -- hard to believe a certificate and postage cost that much) and upsets me greatly. What is the justification? Are the costs in filing the UBR late really that high? As a taxpayer and president of a corporation, I would like to know where that money goes, how it is allocated.

Thank you in advance for your timely response.

Sincerely,



James H. Benjamin