

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-26-2001 90132 008 ***150.00

DOCUMENT # P00000047792

1. Entity Name

BENCHMARK CONSULTING SERVICES INC.

Principal Place of Business

**4383 SEABREEZE DRIVE
 JACKSONVILLE FL 32250**

Mailing Address

**4383 SEABREEZE DRIVE
 JACKSONVILLE FL 32250**

2. Principal Place of Business

10150 Belle Rive Blvd.

3. Mailing Address

10150 Belle Rive Blvd.

Suite, Apt. #, etc.

2111

Suite, Apt. #, etc.

2111

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3646802

Applied For

Not Applicable

Zip

32256

Country

Duval

Zip

32256

Country

Duval

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WARFEL, RICHARD
 4383 SEABREEZE DRIVE
 JACKSONVILLE FL 32250**

7. Name and Address of New Registered Agent

Name **JOHN H. MINGE, III**
 Street Address (P.O. Box Number is Not Acceptable)
10150 Belle Rive Blvd., #2111
 City **Jacksonville** FL Zip Code **32256**

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

John H. Minge, III

1/17/2001

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

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	D	<input checked="" type="checkbox"/> Delete
NAME	WARFEL, RICHARD	
STREET ADDRESS	4383 SEABREEZE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINGE, JACK	
STREET ADDRESS	10150 BELLE RIVE BLVD., #2111	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

John H. Minge, III

1/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)