2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000047792 DOCUMENT

BENCHMARK CONSULTING SERVICES INC.



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Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90120 020 ****

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Suite, Apl. #, otc. Suite, Apl. #, etc. City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired B. Name and Address of Current Registered Agent Name MINGE, JOHN H III 10150 BELLE RIVE BLVD 2111 JACKSONVILLE FL 32256 6. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fooda. I am lumillar with, and accet the obligators of registered agent, or both, in the State of Fooda. I am lumillar with, and accet the obligators of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 'Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICIENS AND DIRECTORS ITIE NAME SIRET ADDRESS OTY-ST-2P ITIE NAME SIRET ADDRESS OTY-ST-2P TITE NAME SIRET ADDRESS OTY-ST-2P TITE NAME SIRET ADDRESS OTY-ST-2P ADD Classes OTY-ST-2P	10150 BELLE F 2111	RIVE BLVD	10150 BELLE F 2111	rive blvd						
City & State Country Signature Sig	2. Principal Pla	ace of Business	3. Mailing Addr	ess				HII BIH BIL		18148 1184 1884
Zip Country Zip Country S. Cottificate of Status Desired S8.75 Additional Page Paquitred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINGE, JOHN H III 10150 BELLE RIVE BLVD 2111 JACKSONVILLE FL 32256 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 accent the obligations of registered agent and the # statication. PNOTE: Registered Agent agratuar required when religiating) SIGNATURE FILE NOW!!! .FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11. MAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP Change Add Make Check Payable to Florida Department of State Delde TITLE NAME SIRRET ADDRESS CITY-ST-ZIP Change Add Make Check Payable to Florida Department of State CITY-ST-ZIP Change Add Name SIRRET ADDRESS CITY-ST-ZIP Change Add Name Change Add Name SIRRET ADDRESS CITY-ST-ZIP Change Add Name SIRRET ADDRESS CITY-ST-ZIP Change Add Name Change Add Name Change Add Name Change Add Name SIRRET ADDRESS CITY-ST-ZIP Change Add Name Change Add	Suite, Apt. #	ŧ, etc.	Suite, Apt. #,	etc.			CHECK HERE IF M	MAKING C	CHANGES	
6. Name and Address of Current Registered Agent MINGE, JOHN H III 10150 BELLE RIVE BLVD 21111 JACKSONVILLE FL 32256 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 Fiorida. I am familiar with, and access the collegations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 'Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ITILE NAME SIRRET ADDRESS CITY-S1-ZIP TITLE NAME S	City & State		City & State			4. FEI Number	59-3646802			oplied For ot Applicable
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MINGE, JACK 10150 BELLE RIVE BLVD., #2111 JACK SONVILLE FL 32256 Delate TITLE MAME STREET ADDRESS CITY-ST-ZIP Change Add Add Add Change Add Add Add Change Add Add Add Add Add Add Add A	-	VILLE EL 32256			City				Zip Coo	de l
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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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP	:				

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 Block 11 if changed, or on an attachment with any address, with all other the empowered.

SIGNATURE:

904-645-8651 Daytime Phone #