

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90942 007 \*\*\*150.00

**DOCUMENT # P00000070832**

**1. Entity Name**  
**BENNETT'S CLEANING SERVICE INC.**



**Principal Place of Business**  
**2611 ALBERT AVE**  
**PANAMA CITY BEACH FL 32408**

**Mailing Address**  
**2611 ALBERT AVE**  
**PANAMA CITY BEACH FL 32408**



**2. Principal Place of Business**  
**900 Laurel Oak Lane**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**900 Laurel Oak Lane**  
**Suite, Apt. #, etc.**

☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
**Panama City Bch FL**  
**Zip**  
**32408**  
**Country**  
**U.S.A**

**City & State**  
**Panama City Bch FL**  
**Zip**  
**32408**  
**Country**  
**USA**

**4. FEI Number** **59-3662042** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BENNETT, SUZANNE M**  
**2611 ALBERT AVE**  
**PANAMA CITY BEACH FL 32408**

**7. Name and Address of New Registered Agent**

**Name**  
**Suzanne Bennett**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**900 Laurel Oak Lane**  
**City**  
**Panama City Bch. FL**  
**Zip Code**  
**32408**

**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** *Suzanne M Bennett*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-4-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>BENNETT, SUZANNE M</b> <b>2611 ALBERT AVE</b> <b>PANAMA CITY BEACH FL 32408</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>BENNETT, MARK A</b> <b>2611 ALBERT AVE</b> <b>PANAMA CITY BEACH FL 32408</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P, Bennett, Suzanne M</b> <b>900 Laurel Oak Lane</b> <b>Panama City, Bch FL 32408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>Bennett Mark A</b> <b>900 Laurel Oak Lane</b> <b>Panama City, Bch FL 32408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 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 an address, with all other like empowered.**

**SIGNATURE** *Suzanne M Bennett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-03** **850-327-6586**  
Date Daytime Phone #

CR2E034 (10/02)