

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075409

1. Entity Name

BENFORD SPECIALIZED CONSTRUCTION, INC.

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90032 014 \*\*\*150.00

Principal Place of Business

13659 58 COURT NORTH  
ROYAL PALM BEACH FL 33411

Mailing Address

13659 58 COURT NORTH  
ROYAL PALM BEACH FL 33411

00030937

2. Principal Place of Business

13658 58th Ct. N.  
Suite, Apt. #, etc.

3. Mailing Address

13658 58th Ct. N.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Royal Palm Beach FL

City & State

Royal Palm Beach FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip 33411

Country USA

Zip 33411

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR  
13659 58 COURT NORTH  
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name BENFORD, ROBERT F  
Street Address (P.O. Box Number is Not Acceptable)  
13658 58 Court North  
City Royal Palm Beach FL Zip Code 33411

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

(NOTE: Registered Agent signature required when reinstating)

X 3-28-01  
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  
NAME BENFORD, ROBERT F  
STREET ADDRESS 13659 58 COURT NORTH  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D  
NAME BENFORD, ROBERT F  
STREET ADDRESS 13658 58 COURT NORTH  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-01

0290629

CR2E034 (10/00)