

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90012 004 ***150.00

DOCUMENT # P00000078705

1. Entity Name

BENSON CANOPY SERVICE INC.

Principal Place of Business

1360 BECHE ST.
PALM BAY FL 32909

Mailing Address

PO BOX 383
GRANT FL 32949

2. Principal Place of Business

1041 Ray Rd SE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 100223

Suite, Apt. #, etc.

City & State

Palm Bay FL.

Zip

Country

32909

Brevard

City & State

Palm Bay FL.

Zip

Country

32910

Brevard

4. FEI Number

59-3665435

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENSON, MICHAEL F
1360 BECHE ST.
PALM BAY FL 32909

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENSON, KIMBRA H
1360 BECHE ST.
PALM BAY FL 32909 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENSON, MICHAEL P
1360 BECHE ST.
PALM BAY FL 32909 ☐ Delete

TITLE
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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:

Kimbra Benson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimbra Benson

4-23-01

Date

(321) 953-1442

Daytime Phone #

CR2E034 (10/00)