2001 UNIFORM BUSINESS REPORT (UBR) Jun 07, 2001 8:00 am DOCUMENT # P00000079647 **Secretary of State** 1. Entity Name 05-02-2001 90124 013 ***150.00 BENCHMARK PROPERTY TAX CONSULTANTS, INC. Principal Place of Business Mailing Address 14142 FENNSBURY DR 14142 FENNSBURY DR 48315 TAMPA FL 33624 TAMPA FL 33624 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREMLEY, KURT G Street Address (P.O. Box Number is Not Acceptable) 14142 FENNSBURY DR **TAMPA FL 33624** Zip Code pose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity and NESINELT/NEGISTENEN AGIELT SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PRESIDENT Delete TIFLE KURT A. GREMLE Y ARESTORM Change TITLE KURT GGREMUEY ON NAME NAME PROUSBURY DR STREET ADDRESS STREET ADDRESS TAMPA FC 33624 CITY-S1-782 CITY-ST-ZIP OTHER OPPICERS Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AINDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplementalizeport 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 appears required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an additional like appropried.

ME OF SIGNING BYTICER OF DIRECTOR

SIGNATURE

FILED

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