

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90122 008 ***150.00

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

DOCUMENT # P00000092816				80125340																																				
1. Entity Name BENAUDIA & MALASPINA, INC.																																								
Principal Place of Business 600 N THACKER AVE SUITE C-17 KISSIMMEE, FL 34741			Mailing Address P.O. BOX 422269 KISSIMMEE, FL 34742																																					
2. Principal Place of Business 1991 Willow Wood Dr.		3. Mailing Address P.O. Box 701506		[REDACTED]																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES																																				
City & State Kissimmee FL		City & State St. Cloud, FL		4. FEI Number 58-3873846																																				
Zip 34746		Country USA		Applied For ☐ Not Applicable																																				
Zip 34770		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																				
6. Name and Address of Current Registered Agent MALASPINA, DONNA 1991 WILLOW WOOD DR KISSIMMEE, FL 34746			7. Name and Address of New Registered Agent																																					
			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. I am familiar with, and accept the obligations of registered agent.																																								
SIGNATURE				DATE 5/30/03																																				
[REDACTED]				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																				
10. OFFICERS AND DIRECTORS																																								
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																								
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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)(b), 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 807, 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:				DATE 5/30/03																																				
[REDACTED]				Daytime Phone # 407 709 2155																																				