2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90931 009 ***150.00

C0058625

DOCUMENT # P00000093849

1. Entity Name
BENJAMIN ARONSON + COMPANY, INC.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
25 PALM HARBOR Village WAY		450 MALL BLVD	
Suite, Apt. #, etc. #6		Suite, Apt. #, etc. H	
City & State PALM COAST, FL		City & State SAVANNAH, GA	
Zip 32137	Country FLAGLER	Zip 31406	Country CHATHAM

4. FEI Number 58-2573229 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENJAMIN ARONSON
25 PALM HARBOR VILLAGE WAY #6
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name ~~BENJAMIN ARONSON~~ Same
Street Address (P.O. Box Number is Not Acceptable) 411 JASMINE ROAD
City ST. AUGUSTINE FL Zip Code 32086

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 BENJAMIN ARONSON [signature] 4/25/01
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) ☐

[illegible] MAY 1, 2001 Fee will be [illegible] [illegible]

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	PRESIDENT + SECRETARY BENJAMIN ARONSON 25 PALM HARBOR VillAGE WAY #6 PALM COAST, FL 32137	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: BENJAMIN ARONSON [signature] President 4/25/01 912 354 5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #