

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90377 025 ***150.00

DOCUMENT # P00000104920

1. Entity Name

BENEDETTO'S INC.

Principal Place of Business

Mailing Address

1624 N DALE MABRY
 LUTZ FL 33549

1624 N DALE MABRY
 LUTZ FL 33549

551075

2. Principal Place of Business

3. Mailing Address

21529 Hwy 54
 Suite, Apt. #, etc.

18703 Yocum Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Land O Lakes FL

Lutz Florida

4. FEI Number

Applied For

59-3684675090812

Not Applicable

Zip

Country

Zip

Country

33549

U.S.A.

33549

Pasco

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

PUMO, BENNET J
1624 N DALE MABRY
LUTZ FL 33549

Name **Bennet J. Pumo**
 Street Address (P.O. Box Number is Not Acceptable)
21529 Hwy 54
 City **Land O Lakes** FL Zip Code **34**

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

April 27, 2001

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 **President** ☐ Delete
 NAME **Bennet J. Pumo**
 STREET ADDRESS **18703 Yocum Ave**
 CITY-ST-ZIP **Lutz, FL 33549**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 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

1-08-00 (813) 368-3584

Date

Daytime Phone #

CR2E034 (10/00)