2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109747

BENNETT'S GUIDE SERVICE, INC.

FILED Apr 11, 2001 8:00 am Secretary of State 04-11-2001 90015 003 ***150.00

Principal Plac	ce of Busines	s	Mailing Address								
322 COUNTY ROAD 721 LOOP LAKEPORT FL 33471 2. Principal Place of Business			322 COUNTY ROAD 721 LOOP LAKEPORT FL 33471 3. Mailing Address				50604	73			
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			\dashv	DO NOT WRITE IN	TH!S SP	'ACE	1811 1681 1661	
City & State			City & State			4.	4. FEI Number Applied For S9 - 369 8930 Not Applied				
Zip Country		Zìp	ntry	5.	5 Certificate of Status Decired \$8.75 Additional			lot Applicable	1		
			[,		Fee Require			ed	1
	6. Name	and Address of Current R	egistered Agent		Name	7.	Name and Address of New Regist	ered Ag	ent		4
					Name		i				1
BENNETT, TREY W 322 COUNTY ROAD 721 LOOP					Street Address (P.O. Box Number is Not Acceptable)						
LAKE	EPORT FL 3	3471									
					City			FL	Zip Cod	e et	
		y submits this statement for	the purpose of changing its	register	ed office or regis	stered aç	gent, or both, in the State of Florida.				
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOT)	E: Registere	d Agent signature requ	uired when r	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 Stat				Election Campaign Financin Trust Fund Contribution.	a 🗆		00 May Be ed to Fees	7
11.		OFFICERS AND D	_ 	12.			DDITIONS/CHANGES TO OFFICERS	S AND D	RECTOR	RS IN 11	1
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NAME	BENNETT,	TREY W		NAM	E .						00/01/
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13. I hereby c	ertify that the	information supplied with	is filing does not qualify for	the exer	nption stated in	Section	119.07(3)(i), Florida Statutes, I furthe	er certify	that the i	nformation	1

indicated on this report or supplemental report is frue 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

863-946-2588

Daytime Phone #