

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110148

1. Entity Name

BETSY MCCOY BENEDICT, P.A.

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90040 050 ***150.00

Principal Place of Business

704 W. BAY STREET
TAMPA FL 33606

Mailing Address

704 W. BAY STREET
TAMPA FL 33606

2. Principal Place of Business

777 S. Harbour Island Blvd.

3. Mailing Address

(Same as)

Suite, Apt. #, etc.

Suite 130

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33602

Country

USA

Zip

Country

4. FEI Number

59-3685375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENEDICT, BETSY M
704 W. BAY STREET
TAMPA FL 33606

Betsy McCoy

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.

SIGNATURE

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) ☐

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

TITLE D ☐ Delete
NAME BENEDICT, BETSY M McCoy
STREET ADDRESS 704 W. BAY STREET 777 Harbour Island
CITY-ST-ZIP TAMPA FL 33606 Blvd Suite 130

TITLE ☐ Delete
NAME Tampa, Fla
STREET ADDRESS 33602
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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

Date

Daytime Phone #

(813) 254 8834

CR2E034 (10/00)