

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90034 050 ***150.00

DOCUMENT # P00000110148

1. Entity Name
BETSY MCCOY BENEDICT, P.A.

Principal Place of Business
777 S HARBOUR ISLAND BLVD
SUITE 130
TAMPA FL 33602

Mailing Address
777 S HARBOUR ISLAND BLVD
SUITE 130
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

BENEDICT, BETSY MCCOY
~~**704 W. BAY STREET**~~
~~**TAMPA FL 33606**~~

777 South Harbour Island Blvd. Suite 130
Tampa FL 33602

Name **Betsy McCoy Benedict**
 Street Address (P.O. Box Number is Not Acceptable) **777 South Harbour Island Blvd**
Suite 130
 City **Tampa** FL Zip Code **33602**

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

Betsy McCoy Benedict, President **4-7-2002**

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, 2002 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 **D** ☐ Delete
 NAME **BENEDICT, BETSY MCCOY**
 STREET ADDRESS **777 S HARBOUR ISLAND BLVD SUITE 130**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
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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 of supplementary 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 individuals empowered.

SIGNATURE:

Betsy McCoy Benedict, President

Date

Daytime Phone #

1-7-2002 813 2263006

CR2E034 (9/01)