

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90074 009 ***150.00

DOCUMENT # P01000015416

1. Entity Name

BENCHMARK CONSTRUCTORS, INC.

Principal Place of Business

P. O. BOX 4362
 OCALA FL 34478

Mailing Address

P. O. BOX 4362
 OCALA FL 34478

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

59-3698816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MANNS, BRIAN E
2336 SE 40TH ST. RD.
OCALA FL 34480

7. Name and Address of New Registered Agent

Name **MANNS, BRIAN E**

Street Address (P.O. Box Number is Not Acceptable)

5898 SW 89 STREET

City **OCALA**

FL

Zip Code **34476**

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 _____ (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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MANNS, BRIAN E**
 CITY-ST-ZIP **2336 SE 40TH ST. RD.**
OCALA FL 34480

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MANNS, JAMES A**
 CITY-ST-ZIP **4877 SW 99TH ST.**
OCALA FL 34476

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
 NAME **P/D**
 STREET ADDRESS **MANNS, BRIAN E**
 CITY-ST-ZIP **5898 SW 89 STREET**
OCALA, FL 34476

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

TITLE ☐ Change ☒ Addition
 NAME **V/D**
 STREET ADDRESS **MARTHA L. MANNS**
 CITY-ST-ZIP **5898 SW 89 STREET**
OCALA, FL 34476

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

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

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)(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: _____

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 APRIL 02

Date

Daytime Phone #

352-
369-0747

CR2E034 (9/01)