

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

0031979 AV

DOCUMENT # P01000020071

1. Entity Name
BENNETT'S SPECIALTY WOODWORKING, INC.

03-07-2002 90060 002 ***150.00

Principal Place of Business

47 W. SECOND ST.
ATLANTIC BEACH, FL 32233-3303

Mailing Address

47 W. SECOND ST.
ATLANTIC BEACH FL 32233-3303

2. Principal Place of Business

41 W. 6th Street

3. Mailing Address

41 W. 6th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

Atlantic Bch, FL

City & State

Atlantic Bch, FL

4. FEI Number

59 3700527

Applied For

Not Applicable

Zip
32233

Country

Duval

Zip

32233

Country

Duval

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

BENNETT, JACKIE R
1538 6TH AVE. N.
JACKSONVILLE FL 32250-2402

Name
Jackie R Bennett

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

41 W. 6th Street

City

Atlantic Beach

FL

Zip Code

32233

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

Mary C Bennett
President

2-22-02

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 | <input type="checkbox"/> Delete |
| NAME | BENNETT, MARY C | |
| STREET ADDRESS | 1538 6TH AVE. N. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BENNETT, JACKIE R | |
| STREET ADDRESS | 1538 6TH AVE. N. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

Mary C Bennett
MARY C Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 568-1938

Date

Daytime Phone #

CR2E034 (9/01)