

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P01000053476

1. Entity Name
BENNETT RESOURCE GROUP INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 10 AM 10:32

Principal Place of Business
**833 CENTRAL ST.
TALLAHASSEE FL 32303**

Mailing Address
**833 CENTRAL ST.
TALLAHASSEE FL 32303**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
**2711 Lacota Rd
Waterford, MI
48328**
Suite, Apt. #, etc.
City & State
Zip
Country **US**



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**NIMS, MAMIE A
833 CENTRAL ST.
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent
Name **Zoe Allen Bennett**
Street Address (P.O. Box Number is Not Acceptable)
833 Central St.
City **Tallahassee** FL Zip Code **32303**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Zoe Allen Bennett**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ZOE A 833 CENTRAL ST. TALLAHASSEE FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200021451732 07/10/03--01021--001 **211.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, LEONARD 2711 LACOTA RD. WATERFORD MI 48328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIMS, MAMIE A 833 CENTRAL ST. TALLAHASSEE FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, ELBERT 833 CENTRAL ST. TALLAHASSEE FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Zoe Allen Bennett** **7-6-03** **850 681 0552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

07-10-03

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To Whom It May Concern

I, Zoe Bennett, the Founder of Bennett Resource Group Inc did not receive the ABR report for my company. My mother was the resident agent, she was and is ill. As a result I was not able to send payment in a timely manner. please excuse the penalty fees.

Sincerely,

Zoe Allen Bennett