

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90737 042 ***150.00

DOCUMENT # P01000057268

1. Entity Name

BENFATTA TRUCKING, INC.

Principal Place of Business

**P. O. BOX 380505
 MURDOCK FL 33938-0505**

Mailing Address

**P. O. BOX 380505
 MURDOCK FL 33938-0505**

2. Principal Place of Business

348 GLEN OAK ROAD

3. Mailing Address

348 GLEN OAK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE, FL.

City & State

VENICE, FL

4. FEI Number

65-1112816

Applied For

Not Applicable

Zip

34293

Country

USA

Zip

34293

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BENFATTA, JOSEPH A
 20456 WILKIE AVE.
 PORT CHARLOTTE FL 33954**

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, 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 **D** ☐ Delete
 NAME **BENFATTA, JOSEPH A**
 STREET ADDRESS **20456 WILKIE AVE.**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE **D** ☐ Delete
 NAME **BENFATTA, DEBORAH A**
 STREET ADDRESS **20456 WILKIE AVE.**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

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
 STREET ADDRESS **348 GLEN OAK ROAD**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **348 GLEN OAK ROAD**
 CITY-ST-ZIP **VENICE FL 34293**

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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)(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:

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

2-15-02

Date

941-456-1243

Daytime Phone #

CR2E034 (9/01)