## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000076555

HARRISIB, JANE D

MAITLAND, FL 32751

360 LAKE SEMINARY CIRCLE

Name: Address:

City-St-Zip:

Entity Name: BENCHMARK CONTRACT MANAGEMENT II, INC.

FILED Mar 12, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 360 LAKE SEMINARY CIRCLE 2632 PEMBERTON DRIVE MAITLAND, FL 32751 #101 APOPKA, FL 32703 **Current Mailing Address: New Mailing Address:** 360 LAKE SEMINARY CIRCLE 2632 PEMBERTON DRIVE MAITLAND, FL 32751 #101 APOPKA, FL 32703 US FEI Number: 06-1629073 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HARRISON, MICHAEL J LUND, KEVIN 360 LAKE SEMINARY CIRCLE 2632 PEMBERTON DRIVE MAITLAND, FL 32751 #101 APOPKA, FL 32703 US 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: KEVIN LUND 03/12/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LUND, KEVIN Name: Name: 1220 ELYSIUM BLVD. Address: Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete HARRISON, MICHAEL Name: Name: 360 LAKE SEMINARY CIRCLE Address: Address: MAITLAND, FL 32757 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition LUND, CHERYL Name: Name: 1220 ELYSIUM BLVD. Address: Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

HARRISION, JANE D

MAITLAND, FL 32751

360 LAKE SEMINARY CIRCLE

SIGNATURE: JANE DAMRON HARRISON S 03/12/2002