

07-03

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000090511

1. Entity Name

SONJA BENSON, INC.



FILED

03 JUL 24 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1209 THIRD STREET SOUTH

3. Mailing Address
1209 THIRD STREET SOUTH

700021770497
07/25/03--01004--006 **300.00

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number 59-3605427

Applied For
Not Applicable

Zip
34102

Country
USA

Zip
34102

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BENSON, SONJA

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

1209 THIRD STREET SOUTH

City NAPLES

FL Zip Code
34102

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P SONJA BENSON
1209 THIRD ST S
NAPLES, FL 34102

TITLE
NAME
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/21/03/239-262-8643

CR2E034B (12/02)

7/24

Attachment

ABETTER
BUSINESS & TAX SERVICE, INC.

ACCURATE
ACCOUNTING & TAX, INC.



P01000090511

July 21, 2003

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Sonja Benson, Inc.
Document No. P91000090511
2003 Uniform Business Report

Gentlemen:

Enclosed are copies of our letter and documents of May 22, 2002. The re-incorporation form we submitted with check 1485, for \$150.00, listed an incorrect address which is an error of this firm. Therefore, when they were returned by the Division of Corporations, they were never received by our client.

I have now been informed to submit all information to the above with a new re-instatement form showing the correct address and a check for \$300.00.

Check number 1645, in the amount of \$300.00, is enclosed to cover this report.

Thank you.

Sincerely,

Helen Watson
President

/rr

Enclosures