FILED Mar 31, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # P01000115685 03-31-2003 90240 004 ***150.00 1. Entity Name PAUL BENTON CONSTRUCTION, INC. Principal Place of Business Mailing Address 2941 HILLCREST DR 2941 HILLCREST DR SARASOTA FL 32434 SARASOTA FL 32434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 30-0000267 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DIADERTOR LE 04200			
	City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.	red office or registered agent, or both, in the State of Florida.	. I am fan	niliar with, and accep
SIGNATURE			

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

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign File Trust Fund Contribution

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME BENTON, PAUL NAME STREET ADDRESS STREET ADDRESS 2941 HILLCREST DR CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 32434 TITLE Delete TITLE ☐ Change Addition NAME NAME BENTON, PATRICIA STREET ADDRESS STREET ADDRESS 2941 HILLCREST DR : CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 32434 TITLE Delete TITLE Change Addition NAME NAME THORNE, ROBIN STREET ADDRESS STREET ADDRESS 2941 HILLCREST DR CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 32434 Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

KALLINS, SCOTT B

1910 MANATEE AVE W

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/36/63 941/321-1401

CR2E034 (10/02)