2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000050208

1. Entity Name

BENNETT CARS, INC



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91053 022 ***150.00

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Principal Place of Business Mailing Address 1786 ARASH CIRCLE 1786 ARASH CIRCLE PORT ORANGE FL 32128 PORT ORANGE FL 32128												
2. Principal Place of Business			3. Mailing Address									
Sulte, Apt. #, etc.							÷cı	HECK*HEF	RE-IF-MA	KING	HANGES	}
City & State			City & State					21/2	9			pplied For lot Applicable
Country	Zip Co			try 5. Certificate of Status De			tus Desired	ı 🗆		8.75 Ac	ditional	
6. Name and Address of Current Registered Agent					7.	Name	and Addre	ess of New	Registe	red Ag	ent	
				Name								**
WRIGHT, RANDY CPA 1785 ARASH CIRCLE				Street Address (P.O. Box Number is Not Acce					ole)			
PORT ORANGE FL 32128												
				City						FL Zip Code		
submits this statement fo ed agent.	r the purpose	e of changing its	registere	d office or r	registered a	agent, c	r both, in th	e State of I	Florida. I	am far	niliar with	, and accept
printed name of registered agent a	and title if applical	ble. (NOTE	: Registered	Agent signature	e required wher	n reinstatin	g)		D	ATE		
FFF-19-9450-00-						Ι						
Fee will be \$550.00	State					9				,		00 May Be d to Fees
OFFICERS AND	DIRECTORS		11.			ADDITIO	NS/CHAN	GES TO O	FFICERS	AND D	IRECTOR	RS IN 11
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. 4 65 41 -		☐ Delete	TITLE NAME STREE	T ADDRESS	•					Е] Change	Addition.
		☐ Delete	CITY-S	ST-ZIP							_	☐ Addition
	Country Ind Address of Current 28 Submits this statement for ed agent. Printed name of registered agent of the printed Department of the CIRCLE GE FL 32128	1786 AR PORT OF Suite- Suite- City & Country Zip Ind Address of Current Registered 28 Submits this statement for the purposed agent. Printed name of registered agent and title if applica FEE-13-9150.00 Florida Department of State OFFICERS AND DIRECTORS ON CIRCLE GE FL 32128	1786 ARASH CIRCLE PORT ORANGE FL 32128 SS 3. Mailing Address Suite-Apt: #Fetc: City & State Country Zip Ind Address of Current Registered Agent 28 Submits this statement for the purpose of changing its ed agent. Printed name of registered agent and title if applicable. (NOTE FEE: 13: 9150:00 Fee will be \$550.00 Fordida Department of State OFFICERS AND DIRECTORS ON CIRCLE GE FL 32128 Delete Delete Delete	3. Mailing Address Suite-Apt #-etc: City & State Country Zip Country Zip Country Zip Country Address of Current Registered Agent Country City & State Country Address of Current Registered Agent Country City & State Country Address of Current Registered Agent Country City & State Country Address of Current Registered Agent Country City & State Country City & Country City & Country City & State City & State Country City & Country Country	3. Mailing Address Suite-Apt Fretc: City & State Country Zip Country Name Street Address of Current Registered Agent Name Street Address of City Submits this statement for the purpose of changing its registered office or red agent. (NOTE Registered Agent agent and title if applicable. (NOTE Registered Agent agent and title if applicable. FEE-15-9150:00 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTORS Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	3. Mailing Address Sultia-Apti-Micelo: City & State Country Zip Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. City Submits this statement for the purpose of changing its registered office or registered agent. PEEE 13 9150:00 Fee will be \$55.00 For	3. Mailing Address Suiter Address City & State City To Country Street Address (P.O. Box No. 19) Street Address (P.O. Box No. 19) City Submits this statement for the purpose of changing its registered office or registered agent, or address agent. City Submits this statement for the purpose of changing its registered office or registered agent, or address agent. City Submits this statement for the purpose of changing its registered office or registered agent, or address agent. City Submits this statement for the purpose of changing its registered office or registered agent, or address agent. In It	3. Mailing Address Suite-Apt #Fetc 32128 Suite-Apt #Fetc 32128 Country Zip Country 5. Certificate of State 1. FEI Number 7. Name and Address of Current Registered Agent 7. Name and Address (P.O. Box Number is Not ed agent. 7. Name an	3. Mailing Address Squitar-Apit #Fetor: City & State Country Zip Country Zip Country Zip Country Sircet Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptal adject.) City Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of adject. City Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of adject. City Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of adject. City Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of adject. City Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of adject. City Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of adject. City Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of adject. City Sircet Address (P.O. Box Number is Not Acceptal In the State of Adjects	Size And Head of State	Surject Address of Current Registered Agent Country Zip Country Zip Country Sireat Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City City City Sireat Address (P.O. Box Number is Not Acceptable) City FL City City FL City	Signature of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with odd agent. City Size City City FL Zip Country Size Address (P.O. Box Number is Not Acceptable)

indicated on this report or suppliere that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplierental 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 received 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:

SUGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

;R2E034 (10/02)