

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90013 038 ***150.00

DOCUMENT # P02000056193

1. Entity Name
BEN-TAY ENTERPRISES, INC.



Principal Place of Business
**13840 SUMMERS AVE
HUDSON BCH FL 34667**

Mailing Address
**13840 SUMMERS AVE
HUDSON BCH FL 34667**

60004412



2. Principal Place of Business
13908 Duley Ave.
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Hudson, Florida

City & State

4. FEI Number
02-0609425

Applied For
Not Applicable

Zip
34667

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOPKINS, CHRISTOPHER
13840 SUMMERS AVE
HUDSON BCH FL 34667**

Name **Hopkins, Christopher**
Street Address (P.O. Box Number is Not Acceptable)
13908 Duley Ave

City **Hudson** **FL** Zip Code **34667**

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 **Christopher Hopkins**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>TITLE D <input type="checkbox"/> Delete NAME HOPKINS, CHRISTOPHER STREET ADDRESS 13840 SUMMERS AVE CITY-ST-ZIP HUDSON BCH FL 34667</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME HOPKINS, CHRISTOPHER STREET ADDRESS 13908 DULEY AVE CITY-ST-ZIP HUDSON, FL 34667</p>
<p>TITLE D <input type="checkbox"/> Delete NAME HOPKINS, HEATHER STREET ADDRESS 13840 SUMMERS AVE CITY-ST-ZIP HUDSON BCH FL 34667</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME HOPKINS, HEATHER STREET ADDRESS 13908 DULEY AVE CITY-ST-ZIP HUDSON, FL 34667</p>
<p>TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 (727) 869-0779
Date Daytime Phone #

CR2E034 (10/02)