2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
03-27-2003 90075 020 ***150.00

DOCUMENT # P02000073347

1. Entity Name
BENJAMIN JENKINS INC

Principal Place of Business	Mailing Address
4505 AMERICA STREET ORLANDO FL 32811	4505 AMERICA STREET ORLANDO FL 32811

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4505 america st	4505 america st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Florida	City & State: Orlando Florida
Zip: 32811 Country: Orange	Zip: 32811 Country: Orange

4. FEI Number: 03046 7191 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
JENKINS, BENJAMIN
4505 AMERICA STREET
ORLANDO FL 32811

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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
TITLE: P NAME: JENKINS, BENJAMIN STREET ADDRESS: 4505 AMERICA STREET CITY-ST-ZIP: ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: NAME: Benjamin Jenkins STREET ADDRESS: 4505 america st CITY-ST-ZIP: Orlando, Florida 32811	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: Benjamin Jenkins SIGNATURE REQUIRED 3-25-2003 407-782-2868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

Attachment #

~~Owner~~

58022996

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owen offices and dirctors

Benjamin Jenkins
4505 americus st
ORlando Florida 32811
phone 401 298-8331
cell
407 782-2868