
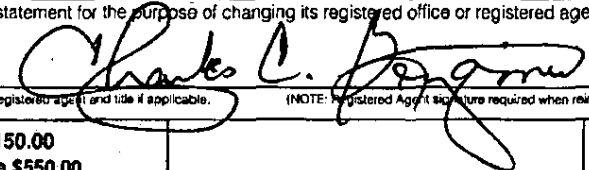
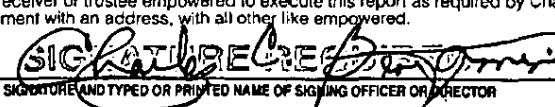


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 02, 2003 8:00 am
Secretary of State

03-21-2003 90100 036 ***150.00

DOCUMENT # P02000107643			
1. Entity Name BENJAMIN ENTERPRISES, INC.			
Principal Place of Business 13341 PRESTWICK DRIVE RIVERVIEW FL 33569		Mailing Address 13341 PRESTWICK DRIVE RIVERVIEW FL 33569	
2. Principal Place of Business 3035 MINUTEMAN LN		3. Mailing Address P.O. Box 30	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BRANDON, FL		City & State VALRICO, FL	
Zip 33511-9500	Country USA	Zip 33595-0030	Country USA
6. Name and Address of Current Registered Agent BENJAMIN, CHARLES C 13341 PRESTWICK DRIVE RIVERVIEW FL 33569		7. Name and Address of New Registered Agent Name: BENJAMIN, CHARLES C Street Address (P.O. Box Number is Not Acceptable): 3035 MINUTEMAN LANE City: BRANDON FL Zip Code: 33511-9500	
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:  DATE: March 18, 2003 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, CHARLES C 13341 PRESTWICK DRIVE RIVERVIEW FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/O/D/P/N/S/T BENJAMIN, CHARLES C 3035 MINUTEMAN LANE BRANDON, FL 33511-9500 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		DATE: March 18, 2003 DAYTIME PHONE #: 813-741-0491	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE DAYTIME PHONE #</small>	

CR2E034 (10/02)