


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90136 041 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000117889**  
 1. Entity Name  
**BENJAMIN, CERTAIN & LOMAX, P.A.** ✓



Principal Place of Business  
 1510 E. COLONIAL DRIVE  
 SUITE 303-A  
 ORLANDO, FL 32801 US

Mailing Address  
 1510 E. COLONIAL DRIVE  
 SUITE 303-A  
 ORLANDO, FL 32801 US

11029760



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
 1510 E. COLONIAL DR.  
 Suite, Apt. #, etc.  
 SUITE 203  
 City & State  
 ORLANDO, FL

3. Mailing Address  
 1510 E. COLONIAL DR.  
 Suite, Apt. #, etc.  
 SUITE 203  
 City & State  
 ORLANDO, FL

4. FEI Number **134219097** Applied For Not Applicable

Zip **32803** Country **U.S.**

Zip **32803** Country **U.S.**

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

6. Name and Address of Current Registered Agent  
**CERTAIN, ARLISA C**  
 1490 SHELTER ROCK ROAD  
 ORLANDO, FL 32836

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 ArLISA Certain **ARLISA CERTAIN, ESQ.** April 28, 2003  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when substituting) DATE



9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BENJAMIN, NICOLE L	2213 METROPOLITAN WAY, APT. 1312	ORLANDO, FL 32839	<input type="checkbox"/>
P	CERTAIN, ARLISA C	1490 SHELTER ROCK ROAD	ORLANDO, FL 32836	<input type="checkbox"/>
P	LOMAX, NIKIE N	4816 OAK ARBOR CIRCLE	ORLANDO, FL 32808	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ArLISA Certain Esq. **ARLISA CERTAIN, ESQ.** 4/28/03 407-228-0337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)