FILED
Apr 22, 2005 8:00 am
Secretary of State
03-28-2005 90068 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000043154

1. Entity Name

Bennett Hawling, Inc

DO NOT WRITE IN THIS SPACE

66012284

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6029 33RD St. E.	6029 33RD St. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Bradenton, FL	Bradenton, FL
Zip 34203 Country USA	34203 Country USA

4. FEI Number 86-1099505 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Alisa S. Bennett

Street Address (P.O. Box Number is Not Acceptable)

6029 33RD Street East

City Bradenton FL 34203

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.

SIGNATURE: Alisa S. Bennett 4/19/05

(NOTE: Registered Agent signature required when applicable)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Alisa S. Bennett 441 Parkview Drive Sarasota, FL 34243
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President James Hunter 41705 SR64 E. Myakka City, FL 34251
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Alisa S. Bennett Alisa S. Bennett 3.14.05 941.756.8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #