

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

DOCUMENT # **P93000049949**



1. Entity Name
BEN FEW & COMPANY, INC.

Principal Place of Business

**2000 MAIN STREET
SUITE 510
FORT MYERS FL 33901
US**

Mailing Address

**2000 MAIN STREET
SUITE 510
FT. MYERS FL 33901
US**

2. Principal Place of Business

4560 VIA ROYALE

Suite, Apt. #, etc.
#3

3. Mailing Address

4560 VIA ROYALE

Suite, Apt. #, etc.
#3

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

Zip
33919

Zip
33919

Country
USA

Country
USA

6. Name and Address of Current Registered Agent

**FEW, BENJAMIN C III
2000 MAIN STREET SUITE 510
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

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

4560 VIA ROYALE #3

City

FORT MYERS

FL **33919**

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

1-17-03

**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

P
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FEW, BENJAMIN C III
2000 MAIN STREET 510
FORT MYERS FL 33901**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**4560 VIA ROYALE #3
FORT MYERS, FL 33919**
 Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

**FILED
Jan 21, 2003 8:00 am
Secretary of State**

01-21-2003 90046 039 ***150.00

90005961



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0424873** Applied For
 Not Applicable

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

CR2E034 (10/02)

7-17-03 239-334-7722
Date Daytime Phone #