

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087733

1. Entity Name*

BENCH WARMER INTERNATIONAL, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90065 044 ***150.00

Principal Place of Business Mailing Address
60 ETHEL ROAD 60 ETHEL ROAD
SUITE 5 SUITE 5
PISCATAWAY NJ 08854 PISCATAWAY NJ 08854-5479

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number 65-0459329 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MUNROE, W. BRADLEY ESQ.
239 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD
NAME WALLACE, BRIAN
STREET ADDRESS 60 ETHEL ROAD, SUITE 5
CITY-ST-ZIP PISCATAWAY NJ 08854
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD
NAME WALLACE, BRIAN
STREET ADDRESS 60 ETHEL ROAD, SUITE 5
CITY-ST-ZIP PISCATAWAY, NJ 08854
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED *Brian Wallace* 4/5/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)