

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**  
 02-05-2001 90023 016 \*\*\*150.00

**DOCUMENT # P95000018154**

1. Entity Name  
**BENTON FINANCIAL GROUP, INC.**

Principal Place of Business Mailing Address  
 2135 N.E. COACHMAN ROAD 2135 N.E. COACHMAN ROAD  
 CLEARWATER FL 34625 CLEARWATER FL 34625

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 **59-3302414** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENTON, ROBERT L**  
**2135 N.E. COACHMAN ROAD**  
**CLEARWATER FL 34625**

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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 |                                |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|--------------------------------|---------------------------------|---|--|---|
| TITLE                      | PD                             | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BENTON, ROBERT L</b>        |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>2135 N.E. COACHMAN ROAD</b> |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>CLEARWATER FL</b>           |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                |                                 | NAME  |  |   |
| STREET ADDRESS             |                                |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                |                                 | NAME  |  |   |
| STREET ADDRESS             |                                |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                |                                 | NAME  |  |   |
| STREET ADDRESS             |                                |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                |                                 | NAME  |  |   |
| STREET ADDRESS             |                                |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                |                                 | CITY-ST-ZIP   |  |   |

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: *Robert L. Benton* **ROBERT L. BENTON** 1/30/01 727-443-4449  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)