

FROM : ELLIOT FRANKLIN PA

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Secretary of State

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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000039089 ✓

1. Entity Name

BENNINGTON ENTERPRISES INC

Principal Place of Business

Mailing Address

1801 N SWINTON AVE
DELRAY BEACH FL 33444

A0062962

Principal Place of Business

1. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0586416

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JEFFREY BENNINGTON
1801 N SWINTON BLVD
DELRAY BEACH FL 33444

Name

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

City

FL

Zip Code

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.

NATURE

Signature, name and address of registered agent and fee if applicable

(NOTE: Registered Agent signature required when withdrawing)

DATE

4/23/01

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

☐

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	DATE	TITLE	DATE
JEFFREY BENNINGTON 1801 N SWINTON BLVD DELRAY BEACH FL 33444	☐	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
	☐	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
	☐	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
	☐	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
	☐	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
	☐	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

entity certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(d), Florida Statutes. I further certify that the information
located 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
signed, or on an attachment with an address, with all copies being empowered.

NATURE: