

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90183 027 ***150.00

DOCUMENT # P95000066649

1. Entity Name
BENNY'S MOBILE HOME SERVICE, INC.



Principal Place of Business
**7901 CUSTOM CT
MILTON FL 32583**

Mailing Address
**X7901 CUSTOM CT
MILTON FL 32583**



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 **59-3331526**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STURGEN, WILLIAM M JR
2253 COUNTRY PL CIR
PENSACOLA FL 32534-9501**

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. 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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
CARLTON, CHARLES B
7901 CUSTOM CT
MILTON FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CARLTON, LINDA I
7901 CUSTOM CT
MILTON FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 another like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-03 850-626-5698

Date Daytime Phone #

CR2E034 (10/02)

Attachment
STURGEN ACCOUNTING, INC.
2253 Country Place Circle
Pensacola, Florida 32534-9501
(850) 968-4194
FAX (850) 968-2988

90135674
P95000066649

May 14, 2003

Florida Department of State
P.O. Box 1500
Tallahassee, Florida 32302-1500

Reference: Benny's Mobile Home Service, Inc.
Uniform Business Report

Dear Sir,

For the following reasons, please abate the late filing penalty:

Mrs. Carlton brought the report to our office in March to make necessary changes and copies. We were notified in mid - April the death of her father and she would be out of town for a period of time. Presently, Mr. Carlton's mother is in the hospital in serious condition.

Thank you for your consideration and assistance in reviewing this matter. Should you require additional information or have any questions, please do not hesitate to call me.

Sincerely,



Mark Sturgen, Registered Agent
Sturgen Accounting, Inc.