2001 UNIFORM BUSINESS REPORT (UBR)

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

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # **P96000043727** BENNETT & BENNETT SERVICE INC. 05-01-2001 90073 037 ***150.00 Principal Place of Business Mailing Address P O BOX 4368 P O BOX 4368 S DAYTONA FL 32121 S DAYTONA FL 32121 UUU44868 2. Principal Place of Business 3. Mailing Address P.O. Box 214368 P.O. Box 214368 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3388065 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENNETT, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 315 HERBERT ST PORT ORANGE FL 32119 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/00 ☐ Change Addition NAME BENNETT, LARISA D NAME STREET ADDRESS 392 S RIDGEWOOD AVE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL CI?Y-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME BENNETT, LAWRENCE W NAME STREET ADDRESS 405 N HALIFAX DR #201 STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TETT F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAMS STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TITLE Delete TITLE □ Change 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 in Block 12