

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048624

Entity Name  
A.R. BENSON, INC.



**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90186 034 \*\*\*150.00

Principal Place of Business  
12338 TWIN SANDS TRAIL EAST  
JACKSONVILLE FL 32246  
JS

Mailing Address  
P.O. BOX 16952  
JACKSONVILLE FL 32245-6952  
US



2. Principal Place of Business  
12418 Fort Caroline RD  
Suite, Apt. #, etc.

3. Mailing Address  
12418 Fort Caroline RD  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Jacksonville FL

City & State  
Jacksonville FL

Zip  
32225

Country  
USA

Zip  
32225

Country  
USA

4. FEI Number 59-3389237

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
BENSON, ARLYN R  
13926 SPANISH PT. DRIVE  
JACKSONVILLE FL 32225

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Arlyn R. Benson DATE 4-15-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PVTS	<input checked="" type="checkbox"/> Delete	TITLE	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, ARLYN R		NAME	Benson, Arlyn R.	
STREET ADDRESS	12338 TWIN SANDS TRAIL EAST		STREET ADDRESS	12418 Fort Caroline Rd.	
CITY-ST-ZIP	JACKSONVILLE FL 32246		CITY-ST-ZIP	Jacksonville, FL 32225	
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		

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 all other like empowered.

SIGNATURE: Arlyn R. Benson DATE 4-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)