

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**  
09-08-2003 90314 034 \*\*\*150.00

0135254 AT

**DOCUMENT # P96000070480**

1. Entity Name  
**BEN TRANSFER, INC.**



Principal Place of Business  
**910 PINELLAS BAY WAY  
#102  
TIERRA VERDE FL 33715**

Mailing Address  
**POST OFFICE BOX 58319  
SAINT PETERSBURG FL 33715**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3397827**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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  
**PSTD  
BROUSSARD, EDWARD H  
910 PINELLAS BAY WAY #102  
TIERRA VERDE FL 33715** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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

**EDWARD H. BROUSSARD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-3-2003 7878652054**  
Date Daytime Phone #

CR2E034 (4/03)

Attachment#

80145867  
96000070480

**Ben Transfer, Inc**  
**P.O. Box 58319**  
**St. Petersburg, Florida 33715**  
**August 11, 2003**

**Florida Department of State**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, Florida 32314**

**Dear Sir/Madam**

**Please waive the late filing fee as this is the first notice we have recieved.**  
**Evidently, the first notice never arrived here or we would certainly have paid it on**  
**time to avoid the large late filing fee.**  
**Included with this letter is the \$150.00 filing fee**

**Thank You**



**Sincerely**  
**Edward H. Broussard**  
**President**  
**Ben Transfer, Inc.**