

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000085604**

1. Entity Name  
**BENCHMARK BLUEPRINTING, INC.**

Principal Place of Business  
**1155 N. WASHINGTON BLVD.  
SARASOTA FL 34236**

Mailing Address  
**1155 N. WASHINGTON BLVD.  
SARASOTA FL 34236**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90640 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0699902</b>	Applied For
	Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEVITT, SANDY  
2201 RINGLING BLVD., STE. 203  
SARASOTA FL 34237**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **LARSON, LARRY R**  
STREET ADDRESS **6110 55TH AVE. CIRCLE EAST**  
CITY-ST-ZIP **BRADENTON FL 34203**

Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE **D**  
NAME **LARSON, LINDA R**  
STREET ADDRESS **6110 55TH AVE. CIRCLE EAST**  
CITY-ST-ZIP **BRADENTON FL 34203**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 941-366-1986  
Date Daytime Phone #

CR2E034 (9/01)