

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000019514**

1. Entity Name

BENCHMARK TITLE, INC.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90086 015 ***150.00

Principal Place of Business

**3169 E ATLANTIC BLVD
POMPANO BEACH FL 33062
US**

Mailing Address

**3169 E ATLANTIC BLVD
POMPANO BEACH FL 33062
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0739695

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUTCHINGS, GINA
3200 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062**

Name

GINA HUTCHINGS

Street Address (P.O. Box Number is Not Acceptable)

3169 E ATLANTIC

City

POMPANO BEACH

FL 33062

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

4-15-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

PSD Delete
HUTCHINGS, GINA
2400 N.E. 8TH COURT
POMPANO BEACH FL 33062

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VTD Delete
HUTCHINGS, KENNETH
2400 N.E. 8TH COURT
POMPANO BEACH FL 33062

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
TITLE
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

Daytime Phone #

CR2E034 (9/01)