

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020213

1. Entity Name
BENOIT WOODCRAFTERS, INC

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90055 039 ***550.00

Principal Place of Business

4530 63RD CIRCLE NORTH
PINELLAS PARK FL 33781
US

Mailing Address

4530 63RD CIRCLE NO
PINELLAS PARK FL 33781
US

BU106412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3433014

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENOIT, ROSEMARY
4530 53RD CIRCLE NO
PINELLAS PARK FL 33781

Name

Benoit, Rosemary

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

4530 63rd Circle N.

City

Pinellas Park

FL

Zip Code

33781

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BENOIT, ROSEMARY	
STREET ADDRESS	4530 63RD CIR NO	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENOIT, RAYMOND D.	
STREET ADDRESS	4530 63RD CIRCLE NO	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENOIT, JOSEPH W.	
STREET ADDRESS	4530 63RD CIRCLE NO	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Joseph W. Benoit

Date

9/10/00

Daytime Phone #

727-521-9655

CR2E034 (5/00)