

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0003239 AV

DOCUMENT # P97000027521

1. Entity Name

BENSON & BRADLEY, INC.



FILED

04 FEB -2 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1924 SOUTH 14TH STREET
FERNANDINA BEACH FL 32034
US

Mailing Address
1924 SOUTH 14TH STREET
FERNANDINA BEACH FL 32034
US



2. Principal Place of Business

3. Mailing Address

1002 S. 14th St
Suite, Apt. #, etc.
Fda FL

1002 South 14th St
Suite, Apt. #, etc.
Fda FL

City & State
FL

City & State
32034

☐ CHECK HERE IF MAKING CHANGES

Zip
32034

Country
NASSAU

Zip
32034

Country
NASSAU

4. FEI Number 59-3434262

Applied For
Not Applicable

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

BRADLEY, CONSTANCE
1541 PERSIMMON CIRCLE
FERNANDINA BEACH FL 32034

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

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 PVPT
NAME BRADLEY, CONSTANCE
STREET ADDRESS 1924 S 14TH ST
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS 400028320834
CITY-ST-ZIP 02/06/04--01024--004 **150.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Constance Bradley 1-2704 261-5045
Date Daytime Phone #

CR2E034 (10/02)