

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037212

1. Entity Name

LARRY BENSON TRIM, INC.

Principal Place of Business

3816 MALEC CIRCLE
SARASOTA FL 34231

Mailing Address

3816 MALEC CIRCLE
SARASOTA FL 34231

2. Principal Place of Business

3816 MALEC CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

3816 MALEC CIRCLE

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34233-2132

Country

City & State

SARASOTA FL

Zip

34233-2132

Country

4. FEI Number

65-0755075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENSON, LARRY J.
3816 MALEC CIRCLE
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

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, 2000 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 ☐ Delete
NAME BENSON, LARRY J
STREET ADDRESS 3816 MALEC CIRCLE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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

LARRY BENSON

Date

2-17-00

Daytime Phone #

1941 3779518

CR2E034 (9/99)

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

03-13-2000 90059 014 ***150.00

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DO NOT WRITE IN THIS SPACE