

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90105 042 \*\*\*150.00

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**DOCUMENT # P97000052432**  
 1. Entity Name  
**BROOKMONT CORPORATION**

Principal Place of Business 12951 JULINGTON RIDGE DR E JACKSONVILLE FL 32258-3412	Mailing Address 12951 JULINGTON RIDGE DR E JACKSONVILLE FL 32258-3412
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2. Principal Place of Business <b>4967 WATER OAK LN</b>	3. Mailing Address <b>4967 WATER OAK LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>JACKSONVILLE FL</b>	City & State <b>JACKSONVILLE FL</b>	4. FEI Number <b>59-3499475</b>	Applied For Not Applicable
Zip <b>32210-8151</b>	Country <b>USA</b>	Zip <b>32210-8151</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>DUPREL, MICHAEL A 12951 JULINGTON RIDGE DR E JACKSONVILLE FL 32258-3412</b>	7. Name and Address of New Registered Agent Name <b>JERRY S. BENTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>4967 WATER OAK LN</b> City <b>JACKSONVILLE FL</b> Zip Code <b>32210</b>
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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 *Jerry S Benton* **AGENT April 26, 2001**  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUPREL, MICHAEL A SR</b> <b>12951 JULINGTON RIDGE DR E</b> <b>JACKSONVILLE FL 32258</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENTON, JERRY S</b> <b>4967 WATER OAK LANE</b> <b>JACKSONVILLE FL 32210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHN M. BENTON</b> <b>4967 WATER OAK LN</b> <b>JACKSONVILLE FL 32210</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jerry S Benton* **JERRY BENTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRECTOR APRIL 26, 2001** **904-388-1073**  
Date Daytime Phone #

CR2E034 (10/00)