2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055097

1. Entity Name

BENCHMARK GAMES, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State
02-25-2000 90009 026 ***150.00

Principal Place of Business	Mailing Address
2071 N. DIXIE HWY. POMPANO BEACH FL 33060	2071 N. DIXIE HWY. POMPANO BEACH FL 33060-4957

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
51 HYPOLUXO RD.	51 HYPOLUXO RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HYPOLUXO FL.	City & State: HYPOLUXO, FL
Zip 33462 Country USA	Zip 33462 Country USA

4. FEI Number 65-0763850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRESS, ALEXANDER
2071 N. DIXIE HWY.
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
51 HYPOLUXO RD.
City HYPOLUXO FL Zip Code 33462

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] ALEXANDER KRESS 1/20/2000
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALLIBURTON, RONALD 951 FERN DRIVE DELRAY BCH FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S KRESS, ALEXANDER 8610 SE HARBOUR ISLAND WAY JUPITER FL 33458-1128	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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] ALEXANDER KRESS 1/20/2000 561-588-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #