## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 21, 2000 8:00 am Secretary of State DOCUMENT # **P9700067818** 1. Entity Name CAROTHERS - BENEDICT & ASSOCIATES, INC. 07-21-2000 90160 031 \*\*\*150.00 Principal Place of Business Mailing Address 5104 ORANGE BLOSSOM TR 5104 ORANGE BLOSSOM TR STE 212 STE 212 ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3467760 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - - -7: Name and Address of New Registered Agent -CAROTHERS, CARL Street Address (P.O. Box Number is Not Acceptable) 3801 SEA ISLAND CT. ORLANDO FL 32808 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D □ Change Addition TITLE ☐ Delete TITLE BENEDICT, BRUCE NAME NAME STREET ADDRESS 12478 CAPRI CIR. N. STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TREASURE ISLAND FL 33706 Addition ☐ Delete TITLE ☐ Change TITLE CAROTHERS, CARL NAME STREET ADDRESS STREET ADDRESS 3801 SEA ISLAND CT. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 Addition TITLE - Delete .= . TITLE NAME NAME T STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE & Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

P97000001818



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