

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000073862**

1. Entity Name

BENEZETTE ENTERPRISES, INC.

Principal Place of Business

**516 N. PENINSULA
DAYTONA BEACH FL 32118**

Mailing Address

**516 N. PENINSULA
DAYTONA BEACH FL 32118**

2. Principal Place of Business

1108 N. Nova Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Zip

32117

Country

Volusia

Zip

Country

4. FEI Number

59-3467855

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BENEZETTE, JON E
516 N. PENINSULA
DAYTONA BEACH FL 32118**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D BENEZETTE, JON E	516 N. PENINSULA	DAYTONA BEACH FL 32118	

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-7-02

Daytime Phone #

386-253-6861**FILED**
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90010 003 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)