

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -7 PM 3:06

DOCUMENT # P97000075100

1. Entity Name
A. BENJAMIN, INC.



Principal Place of Business
4915 BAYMEADOWS RD., 7-F
JACKSONVILLE, FL 32217

Mailing Address
9838 OLD BAYMEADOWS RD #306
JACKSONVILLE, FL 32256

2. Principal Place of Business
9802 BAYMEADOWS ROAD

3. Mailing Address
9802 BAYMEADOWS ROAD

Suite, Apt. #, etc.
ST 12, BOX 158

Suite, Apt. #, etc.
ST 12, BOX 158

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32256

Country

Zip
32256

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3478128

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENJAMIN, ANNE M
4915 BAYMEADOWS RD., 7-F
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name
BENJAMIN, ANNE M
Street Address (P.O. Box Number is Not Acceptable)
9439 SAN JOSE BOULEVARD, APT 258
City JACKSONVILLE FL Zip Code 32257

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Anne M Benjamin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, ANNE M	
STREET ADDRESS	4915 BAYMEADOWS RD., 7-F	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, ANNE M	
STREET ADDRESS	9439 SAN JOSE BOULEVARD, APT 258	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anne M Benjamin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-03
Date Daytime Phone #

CR2E034 (10/02)

812

Please Do Not Remove

2 of 2

PORTNOY, SHAINBROWN & CO. CPA's, P.A.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

July 10, 2003

Honorable Glenda E. Hood
State of Florida Secretary of State
Department of State
Division of Corporations - Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: A. Benjamin, Inc.
Document # P97000075100

Dear Secretary of State Hood:

We have been requested by the President of the above-listed corporation to acknowledge receipt of your notice regarding their 2003 Uniform Business Report.

In this connection, please be aware, the Corporation did not previously receive the 2003 Uniform Business Report, and respectfully requests your abatement and waiver of the additional fee.

Enclosed please find the completed 2003 Uniform Business Report along with their remittance of \$150.00.

Thank you very much for your consideration and cooperation.

Sincerely yours,

PORTNOY, SHAINBROWN & CO. CPA's, P.A.



Bernard J. Shainbrown c.p.a.

Enclosure(s)