

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082733

1. Entity Name
BEN & SHIRLEY TORRES, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90001 012 ***550.00

Principal Place of Business
~~1932 INDIAN TRAILS COURT~~ **735 CREATIVE DR**
LAKELAND FL 33813
#31-32

Mailing Address
1932 INDIAN TRAILS COURT
LAKELAND FL 33813

2. Principal Place of Business
~~735 Creative Dr.~~
Suite, Apt. #, etc.
#31-32

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lakeland FL

City & State

4. FEI Number **59-3471796**

Applied For
Not Applicable

Zip
33813

Country
Polk

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRES, BENIGNO JR
1932 INDIAN TRAILS COURT
LAKELAND FL 33813

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **TORRES, BENIGNO JR**
CITY-ST-ZIP **1932 INDIAN TRAILS COURT LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TORRES, SHIRLEY F**
CITY-ST-ZIP **1932 INDIAN TRAILS COURT LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **S. Benigno Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00
Date

863-428-2616
Daytime Phone #

CR2E034 (5/00)