

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100972

1. Entity Name

BENCHMARK BILLING & COLLECTIONS, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90136 005 ***150.00

Principal Place of Business
3105 W AZEELE ST
TAMPA FL 33609

Mailing Address
P.O. BOX 18412
TAMPA FL 33679-8412

2. Principal Place of Business
3603 W. Azeele St.
Suite, Apt. #, etc.

3. Mailing Address
3603 W. Azeele ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL 33609

City & State
Tampa, FL 33609

4. FEI Number 59-3482544

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

SULL, CHARLES I
3825 HENDERSON BLVD., STE. 400B
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name Yolanda Sull
Street Address (P.O. Box Number is Not Acceptable)
3603-W. Azeele St.
City Tampa FL Zip Code 33609

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULL, YOLANDA V	
STREET ADDRESS	3105 W AZEELE ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	SULL, YOLANDA	
STREET ADDRESS	3105 W AZEELE ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3603 W. Azeele St.	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3603 W. Azeele St.	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #