

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90011 024 ***150.00

DOCUMENT # P98000028148

1. Entity Name
BENCHMARK SURVEYS INC.

Principal Place of Business
5709 GULF DR.
STE 3
NEW PORT RICHEY FL 34652-408

Mailing Address
5709 GULF DR.
STE 3
NEW PORT RICHEY FL 34652-408

00058827



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5308 Lindner Place

3. Mailing Address
5308 Lindner Place

City & State
New Port Richey, FL

City & State
New Port Richey, FL

Zip
34652

Country
USA

4. FEI Number **59-3567533**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

GAZELL, THOMAS N
5709 GULF DRIVE
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name
Gazell, Thomas N.

Street Address (P.O. Box Number is Not Acceptable)
5308 Lindner Place

City
New Port Richey

FL

Zip Code
34652

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

(NOTE: Registered Agent signature required when reinstating)

DATE

July 12, 2001

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 12, 2001 Fee 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

TITLE
P

NAME
GAZELL, THOMAS

STREET ADDRESS
5709 GULF DR. STE 3

CITY-ST-ZIP
NEW PORT RICHEY FL 34652

☐ **Delete**

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ **Delete**

TITLE
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☐ **Delete**

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ **Delete**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President

NAME
Thomas N. Gazell

STREET ADDRESS
5308 Lindner Place

CITY-ST-ZIP
New Port Richey, Florida 34652

☒ **Change** ☐ **Addition**

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ **Change** ☐ **Addition**

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STREET ADDRESS

CITY-ST-ZIP

☐ **Change** ☐ **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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 12, 2001 **(727) 847-5544**

Date

Daytime Phone #

CR2E034 (5/01)