

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059588

1. Entity Name

BENJAMIN COMPUTER SERVICES, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90118 025 ***150.00

Principal Place of Business

1020 ASPEN ROAD
WEST PALM BEACH FL 33409

Mailing Address

1020 ASPEN ROAD
WEST PALM BEACH FL 33409

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 5638

Suite, Apt. #, etc.

City & State

Asheville, NC

Zip

28813

Country

4. FEI Number

65-0848587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENJAMIN, JOHN A JR.
1020 ASPEN ROAD
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name Salina Accounting & Tax Service

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

1695 FL. Mango Rd #2

City

West Palm Beach FL

Zip Code

33406

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

Joseph Salina
President

1/19/2001

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 \$150.00
After MAY 1, 2001 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 PSTD
NAME BENJAMIN, JOHN A JR.
STREET ADDRESS 1020 ASPEN ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33409

☐ Delete

TITLE VP
NAME BENJAMIN, JOHN A JR.
STREET ADDRESS 1020 ASPEN ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33409

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Benjamin, Jr.

Date

Daytime Phone #

1/22/01

828-277-5478

CR2E034 (10/00)