

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90070 020 \*\*\*150.00

1/1/2002  
 IV

**DOCUMENT # P98000059588**

1. Entity Name  
**BENJAMIN COMPUTER SERVICES, INC.**

Principal Place of Business      Mailing Address  
**1020 ASPEN ROAD                      P O BOX 5638**  
**WEST PALM BEACH FL 33409          ASHEVILLE NC 28813**

**B0033631**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**802 Wedgewood Lane**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State  
**Asheville NC**  
 Zip    Country                              Zip    Country  
**28803    USA**

4. FEI Number                              Applied For  
**65-0848587**                              Not Applicable

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

6. Name and Address of Current Registered Agent  
**BENJAMIN, JOHN A JR.**  
**SALINA ACCOUNTING & TAX SERVICE**  
**1695 FL MANGO RD. #2**  
**WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BENJAMIN, JOHN A JR. P O BOX 5638 ASHEVILLE NC 28813</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BENJAMIN, JOHN A JR. P O BOX 5638 ASHEVILLE NC 28813</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John A. Benjamin, Jr*      **REQUIRE**      **John A. Benjamin, Jr**      **2/13/02 (828) 277-5478**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)