

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90059 022 \*\*\*150.00

**DOCUMENT # P98000059588**

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



**Principal Place of Business**  
**802 WEDGEWOOD LANE**  
**ASHEVILLE NC 28803**

**Mailing Address**  
**P O BOX 5638**  
**ASHEVILLE NC 28813**



**2. Principal Place of Business**

**3. Mailing Address**

**802 Wedgewood Lane**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**Asheville NC**

**4. FEI Number** **65-0848587**

**Applied For**  
**Not Applicable**

**Zip**

**Country**

**Zip**  
**28803-1882**

**Country**  
**USA**

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BENJAMIN, JOHN A JR.**  
**SALINA ACCOUNTING & TAX SERVICE**  
**1695 FL MANGO RD. #2**  
**WEST PALM BEACH FL 33406**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

**Signature, typed or printed name of registered agent and title if applicable.**

**(NOTE: Registered Agent signature required when reinstating)**

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>802 wedge wood Lane</b>
<b>CITY-ST-ZIP</b>	<b>Asheville NC 28803-1882</b>
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Rae-Ann Benjamin</b>
<b>STREET ADDRESS</b>	<b>802 wedgewood Lane</b>
<b>CITY-ST-ZIP</b>	<b>Asheville NC 28803-1882</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Rae-Ann Benjamin* **01/09/03 828 277-5478**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)