

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90450 025 \*\*\*158.75

DOCUMENT # **P980000107880**

1. Entity Name  
**Robert S. Bennett, Inc. dba Med-Mort**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**6038 Jet Port Industrial Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**6038 Jet Port Industrial Blvd.**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

**Tampa, FL**

Zip

**33634**

Country

**U.S.A**

Zip

**33634**

Country

**USA**

4. FEI Number

**59-3549500**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Robert Bennett**

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

**1940 Greenville Ct**

City

**Wesley Chapel**

FL

Zip Code

**33543**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP	President Robert Bennett 1940 Greenville Ct Wesley Chapel, FL 33543	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Charles Bennett 1180 Gulf Blvd #206 Clearwater, FL 33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Amoury Alberto 4512 W. Idlewild Ave Tampa, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert Bennett Pres.**

Date

**5/16/02**

Daytime Phone #

**(813) 961-5359**

CR2E034B (12/01)