

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90540 023 \*\*\*150.00

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**DOCUMENT # P98000108017**

1. Entity Name  
**BENCH MARK PLUMBING OF BAY COUNTY INC.**

Principal Place of Business <b>409 W 9TH ST          LYNN HAVEN FL 32444</b>	Mailing Address <b>409 W 9TH ST          LYNN HAVEN FL 32444</b>
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**C0045578**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3548752</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>FRAZIER, CHARLES R</b> <b>409 W 9TH ST</b> <b>LYNN HAVEN FL 32444</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAZIER, CHARLES R SR</b>		NAME		
STREET ADDRESS	<b>409 W 9TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LYNN HAVEN FL 32444</b>		CITY-ST-ZIP		
TITLE	<b>VS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENDRICK, BOBBY E</b>		NAME		
STREET ADDRESS	<b>500 HARRISON PL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAZIER, CHARLES R JR</b>		NAME		
STREET ADDRESS	<b>409 W 9TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LYNN HAVEN FL 32444</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAZIER, GLENDA C</b>		NAME	<b>Frazier Glenda C. Frazier</b>	
STREET ADDRESS	<b>409 W 9TH ST</b>		STREET ADDRESS	<b>409 W. 9th ST.</b>	
CITY-ST-ZIP	<b>LYNN HAVEN FL 32444</b>		CITY-ST-ZIP	<b>Lynn Haven, FL. 32444</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Glenda C. Frazier **Glenda C. Frazier Sect. 3-16-01** **8502650132**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)