

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90084 049 ***158.75

DOCUMENT # P99000029759

1. Entity Name

Bennett's Interior Shutters Inc.

Principal Place of Business

Mailing Address

sales in customers homes

Office at 3211 16th ave NE Naples FL 34120

2. Principal Place of Business

3211 16th ave NE

3. Mailing Address

P.O. Box #8761

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples FL

City & State

Naples FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

34120 USA

Zip

Country

34101 USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Southwest Professional Svcs.
13571 McGregor Blvd
#22 Ft. Myers FL 33919

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

C. Bennett

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) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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 *President*
NAME *Cley Bennett*
STREET ADDRESS *3211 16th ave NE*
CITY-ST-ZIP *Naples FL 34120*

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ 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:

C. Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 941-455-5672

Date

Daytime Phone #