

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031204

1. Entity Name

BENCHMARK HOME MORTGAGE, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90159 026 ***150.00

Principal Place of Business

Mailing Address

1762 TRADE CENTER WAY, SUITE C
NAPLES FL 34109

1762 TRADE CENTER WAY, SUITE C
NAPLES FL 34109-1864

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-35685608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIMES, KAREN M
27636 FRANKLIN STREET
BONITA SPRINGS FL 34134

Name

Karen M. Rimes

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

360 Quail Forest Blvd., #503

City

Naples

FL

Zip Code

34105

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

Karen M. Rimes, President, CEO.

4/5/00

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, Treasurer	<input type="checkbox"/> Delete
NAME	Karen M. Rimes	
STREET ADDRESS	27636 Franklin St.	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	Vice President, Secretary	<input type="checkbox"/> Delete
NAME	Jennifer R. Lattaie	
STREET ADDRESS	6054 Timberwood Cir., #242	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	Officer	<input checked="" type="checkbox"/> Delete
NAME	Terry Adkins	
STREET ADDRESS	5192 West Blvd.	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen M. Rimes	
STREET ADDRESS	360 Quail Forest Blvd., #503	
CITY-ST-ZIP	Naples, FL 34105	
TITLE	Vice President, Secretary, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer R. Lattaie	
STREET ADDRESS	6054 Timberwood, #242	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Karen M. Rimes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

941-593-4410

Daytime Phone #

CR2E034 (9/99)