

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031204

1. Entity Name

BENCHMARK HOME MORTGAGE, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90100 001 ***150.00

Principal Place of Business

1762 TRADE CENTER WAY, SUITE C
NAPLES FL 34109

Mailing Address

1762 TRADE CENTER WAY, SUITE C
NAPLES FL 34109

2. Principal Place of Business

10681 Airport Pulling Rd. N. 10681 Airport - Pulling Rd. N.

Suite, Apt. #, etc.

24

3. Mailing Address

Suite, Apt. #, etc.

24

City & State

NAPLES, FL.

City & State

Naples, FL.

Zip

34109

Country

Collier

Zip

34109

Country

Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3568568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIMES, KAREN M
360 QUAIL FOREST BLVD #503
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name Adkins, Karen M.
Street Address (P.O. Box Number is Not Acceptable)
5100 Cedar Springs Dr.
#203
City Naples FL Zip Code 34110

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. Adkins*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/01

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, 2001 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

TITLE P
NAME RIMES, KAREN M
STREET ADDRESS 560 QUAIL FOREST BLVD #503
CITY-ST-ZIP NAPLES FL 34105 ☐ Delete

TITLE VPS
NAME LAHAIE, JENNIFER R
STREET ADDRESS 6054 TIMBERWOOD #242
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Adkins, Karen M.
STREET ADDRESS 5100 Cedar Springs Dr. #203
CITY-ST-ZIP NAPLES, FL. 34110 ☒ Change ☐ Addition

TITLE VPS
NAME LAHAIE, Jennifer R.
STREET ADDRESS 7335 Lake Dr.
CITY-ST-ZIP Ft. Myers, FL. 33908 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Karen M. Adkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karen M. Adkins 1/17/01 (941) 593-4410

CR2E034 (10/00)