

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90054 046 ***150.00

DOCUMENT # P99000031204

1. Entity Name

BENCHMARK HOME MORTGAGE, INC.

Principal Place of Business

10681 AIRPORT PULLING ROAD N
 24
 NAPLES FL 34109

Mailing Address

10681 AIRPORT PULLING ROAD N
 24
 NAPLES FL 34109

440000

2. Principal Place of Business

400 Sergeant Drive
 Suite, Apt. #, etc. 203
 City & State Naples, FL
 Zip 34103 Country Collier

3. Mailing Address

400 Sergeant Drive
 Suite, Apt. #, etc. 203
 City & State Naples, FL
 Zip 34103 Country Collier

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

ADKINS, KAREN M

5100 CEDAR SPRINGS DRIVE

203

NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

Parry, Karen M

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

Karen M. Parry

Karen M. Parry

1/10/02

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, 2002 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	<input type="checkbox"/> Delete
NAME	ADKINS, KAREN M	
STREET ADDRESS	5100 CEDAR SPRINGS DRIVE #203	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LAHAIE, JENNIFER R	
STREET ADDRESS	7335 LAKE DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33908	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parry, Karen M.	
STREET ADDRESS	5100 Cedar Springs Drive #203	
CITY-ST-ZIP	Naples, FL 34110	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen M. Parry

Date

1/10/02 (41) 403-0622

Daytime Phone #

CR2E034 (9/01)