

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

04-10-2002 90362 003 ***150.00

DOCUMENT # P99000054196

1. Entity Name

FLORIDA BENCHMARK CONSULTANTS, INC.

Principal Place of Business

1882 DREW ST.
CLEARWATER FL 33756

Mailing Address

1882 DREW ST.
CLEARWATER FL 33756

2. Principal Place of Business

1298 LAKEVIEW RD
Suite, Apt. #, etc.

3. Mailing Address

1298 LAKEVIEW RD
Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3583640

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYER, MARCEL G
1882 DREW ST.
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name
Mayer, Christine
Street Address (P.O. Box Number is Not Acceptable)
568 Village Dr.City
Tarpon Springs FL Zip Code
34689

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MAYER, MARCEL G
STREET ADDRESS 1882 DREW ST.
CITY-ST-ZIP CLEARWATER FL 33756TITLE D ☒ Delete
NAME TUCKER, TITUS N
STREET ADDRESS 2681 WINDING WOOD DR.
CITY-ST-ZIP CLEARWATER FL 33761TITLE D ☐ Delete
NAME Christine Mayer
STREET ADDRESS 568 Village Dr.
CITY-ST-ZIP Tarpon Springs, FL 34689TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME MAYER, MARCEL G.
STREET ADDRESS 568 Village Dr.
CITY-ST-ZIP Tarpon Springs, FL 34689TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Marcel G. Mayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-02

Date

(727) 298-0286

Daytime Phone #

CR2E034 (9/01)