

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90015 045 \*\*\*158.75

**DOCUMENT # P99000055357**

1. Entity Name

**BENCHMARK LENDING, INC.**

Principal Place of Business

Mailing Address

**3608 JOE SANCHEZ ROAD  
PLANT CITY FL 33565****3608 JOE SANCHEZ ROAD  
PLANT CITY FL 33565-5955**

2. Principal Place of Business

3. Mailing Address

**607 S. Alexander St****607 S. Alexander St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 106****Suite 106**

City &amp; State

City &amp; State

**PLANT CITY FL****PLANT CITY FL**

Zip

Country

Zip

Country

**33566****Hillsborough****33566****Hillsborough**

4. FEI Number

**59-5384447**

Applied For

Not Applicable

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

**BENSON, JERI L  
3608 JOE SANCHEZ ROAD  
PLANT CITY FL 33565**

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 **Jeri Benson Pres**

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

(NOTE: Registered Agent signature required when reinstating)

**2/15/00**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	BENSON, JERI L	3608 JOE SANCHEZ ROAD	PLANT CITY FL 33565	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	OSBORNE, JERRIE L	2003 W SANDALWOOD DR NORTH	PLANT CITY FL 33566	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

**2/15/00**

Daytime Phone #

**(813) 707-8181**