

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000055357**1. Entity Name  
**BENCHMARK LENDING, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>607 S ALEXANDER ST<br>STE 106<br>PLANT CITY<br>33566<br>FL | Mailing Address<br>607 S ALEXANDER ST<br>STE 106<br>PLANT CITY<br>33566<br>FL |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>105 S. WHEELER ST | 3. Mailing Address<br>105 S. WHEELER ST |
|---|---|

|                                  |                                  |
|----------------------------------|----------------------------------|
| Suite, Apt. #, etc.<br>SUITE 200 | Suite, Apt. #, etc.<br>SUITE 200 |
|----------------------------------|----------------------------------|

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br>PLANT CITY<br>FL | City & State<br>PLANT CITY<br>FL |
|----------------------------------|----------------------------------|

|              |         |              |         |
|--------------|---------|--------------|---------|
| Zip<br>33566 | Country | Zip<br>33566 | Country |
|--------------|---------|--------------|---------|

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-5384497</b> | Applied For<br>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****BENSON JERI L**  
**3608 JOE SANCHEZ ROAD**  
  
**PLANT CITY FL**  
**33565****7. Name and Address of New Registered Agent**

|  |
|--|
| 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 \_\_\_\_\_ **02/21/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>OSBORNE JERRIE L<br>2003 W SANDALWOOD DR NORTH<br>PLANT CITY FL 33566<br><input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BENSON JERI L<br>3608 JOE SANCHEZ ROAD<br>PLANT CITY FL 33565<br><input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Jeri L. Benson**

D

02/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)