

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065258

1. Entity Name  
**BENNING STAFFING AND MANAGEMENT SERVICES, INC.**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90360 016 \*\*\*150.00

Principal Place of Business

Mailing Address

1722 DEL PRADO BLVD.  
CAPE CORAL FL 33990

1505 S.E. 40TH ST., STE. C  
CAPE CORAL FL 33904

5875 Lionel Court

816485



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5875 Lionel Court

5875 Lionel Court  
Cape Coral

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Coral, FL.

Cape Coral, Florida

4. FEI Number

APPLIED FOR

Applied For

65-0930291

Not Applicable

Zip

Country

33914

USA

Zip

Country

33914

USA

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

LA ROCCO, ROBERT J  
1505 S.E. 40TH ST., STE. C  
CAPE CORAL FL 33904

Name

Paul Benning

Street Address (P.O. Box Number is Not Acceptable)

5875 Lionel Court

City

Cape Coral

FL

Zip Code

33914

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

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

(NOTE: Registered Agent signature required when reinstating)

3/11/2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PSTD**  
STREET ADDRESS **BENNING, PAUL**  
CITY-ST-ZIP **1505 S.E. 40TH ST., STE. C**  
**CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition  
NAME **PSTD**  
STREET ADDRESS **Paul Benning**  
CITY-ST-ZIP **5875 Lionel Court**  
**Cape Coral, FL 33914**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2001

Date

941 541 1985

Daytime Phone #

CR2E034 (10/00)