

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065258

Entity Name  
BENNING STAFFING AND MANAGEMENT SERVICES, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90156 003 \*\*\*150.00

Principal Place of Business  
5875 LIONEL COURT  
CAPE CORAL FL 33914

Mailing Address  
5875 LIONEL COURT  
CAPE CORAL FL 33914



Principal Place of Business

3. Mailing Address

Benning Staffing & MGMNT Serv. Inc.  
1 S. Kirkman Rd. Suite 310  
Cape Coral, FL 33914

Euro-American Financial Serv. Inc.  
BENNING St. & MGMNT Serv. Inc.  
1505 S.E. 40th Street, Suite C  
Cape Coral, FL 33904

DO NOT WRITE IN THIS SPACE

El Number 65-0930291  
Applied For  
Not Applicable

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

BENNING, PAUL  
5875 LIONEL COURT  
CAPE CORAL FL 33914

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BENNING, PAUL 5875 LIONEL COURT CAPE CORAL FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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; that I have not been removed from office, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paul Benning*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2002

Benning Staffing and Management  
Services, Inc.  
PHONE 407-926-5785

CR2E034 (9/01)