

FILED  
Apr 29, 2003 8:00 am  
Secretary of State

04-29-2003 90067 030 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000070666

1. Entity Name  
**BENJAMIN-GIRVIN ROAD, INC.**



Principal Place of Business  
2815 SPANISH COVE TRAIL  
JACKSONVILLE, FL 32257

Mailing Address  
2815 SPANISH COVE TRAIL  
JACKSONVILLE, FL 32257

10090770

2. Principal Place of Business  
10146 Summer Pines Court

3. Mailing Address  
10146 Summer Pines Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number  
59-3639222

Applied For  
Not Applicable

Zip  
32257

Country  
U.S.

Zip  
32257

Country  
U.S.

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

**6. Name and Address of Current Registered Agent**

OBERDORFER, E. CHARLES ESQ  
1719 BLANDING BLVD  
JACKSONVILLE, FL 32210

**7. Name and Address of New Registered Agent**

Name  
Edward C. Akel

Street Address (P.O. Box Number is Not Acceptable)  
One Independent Dr., Suite 2301

City  
Jacksonville

FL

Zip Code  
32202

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Edward C. Akel*

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

(NOTE: Registered Agent signature required when resigning)

DATE

4/28/03

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BENJAMIN, JULIEN P JR  
POST OFFICE BOX 24133  
JACKSONVILLE, FL 32241 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Julien P Benjamin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (904) 268-6234  
DATE Daytime Phone #

CR2E034 (10/02)