

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

AMENDMENT  
FILED

DOCUMENT # **P99000078463**

02 DEC 11 AM 10:19

1. Entity Name  
**BENCHMARK DESIGN SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

800009465018  
12/11/02--01027--022--\*61.25

2. Principal Place of Business  
**705 EAST OAK STREET**

3. Mailing Address  
**705 EAST OAK STREET**

Suite, Apt. #, etc.  
**SUITE A**

Suite, Apt. #, etc.  
**SUITE A**

City & State  
**KISSIMMEE FL**

City & State  
**KISSIMMEE FL**

4. FEI Number  
**59-3597889**

Applied For  
Not Applicable

Zip  
**34744**

Country  
**USA**

Zip  
**34744**

Country  
**USA**

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**ROBERT S. HAYES**

Street Address (P.O. Box Number is Not Acceptable)  
**441 WEST YINE STREET**

City  
**KISSIMMEE FL** Zip Code  
**34741**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so...

January 1 - May 1, Fee is \$150.00.  
After May 1, Fee is \$550.00  
**Amended UBR is \$61.25**  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
RANDY M. MADDEN  
705 EAST OAK STREET, STE. A  
KISSIMMEE, FL 34744**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
LEON L. HAMPTON  DELETE  
705 EAST OAK STREET, STE. A  
KISSIMMEE, FL 34744**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
JOSEPH W. BIBLER  ADDITION  
705 EAST OAK STREET, STE. A  
KISSIMMEE, FL 34744**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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TITLE  
NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Randy M. Madden** **RANDY M. MADDEN**

**11/27/02 407-932-4323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone Phone #

CR2E034B (12/01)

9/12/12