

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082930

1. Entity Name

BENCHMARK PAINTING & HOME RESTORATIONS, INC.

Principal Place of Business

658 WEAVER RD. S.W.
PALM BAY FL 32908

Mailing Address

PO BOX 500130
MALABAR FL 32950-0130

2. Principal Place of Business

658 Weaver Rd SW.

3. Mailing Address

P.O. Box 500130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

Malabar FL

Zip

32908

Country

Brevard

Zip

32950

Country

Brevard

4. FEI Number

593602600

Applied For

Not Applicable

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

ODDO, JOSEPH JR
658 WEAVER RD. S.W.
PALM BAY FL 32908

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 ODDO, JOSEPH JR
STREET ADDRESS 658 WEAVER RD. S.W.
CITY-ST-ZIP PALM BAY FL 32908

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 (321)-984-4349



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)