

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087273

1. Entity Name

BENROTH ENTERTAINMENT SERVICES INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90994 038 ***150.00

Principal Place of Business

Mailing Address

~~6679 DEL PRADO DR. #295~~
~~TAMPA FL 33617~~

~~6679 DEL PRADO DR. #295~~
~~TAMPA FL 33617-8679~~

2. Principal Place of Business

501 S. FALKENBURG RD.

3. Mailing Address

501 S. FALKENBURG RD.

Suite, Apt. #, etc.

SUITE C-14

Suite, Apt. #, etc.

SUITE C-14

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33619

Country

HILLSBOROUGH

Zip

33619

Country

HILLSBOROUGH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENROTH, DOUG

~~5679 DEL PRADO DR. #295~~ 6206 WATERMARK DR
~~TAMPA FL 33617~~ #201

RIVERVIEW FL 33569

Name

DOUG BENROTH

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

6206 WATERMARK DR #201

City

RIVERVIEW

FL

Zip Code

33569

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

DOUG BENROTH

D. Benroth

April 25 2000

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 PRESIDENT/OWNER
 STREET ADDRESS DOUGLAS BENROTH
 CITY-ST-ZIP 6206 WATERMARK DR #201
 RIVERVIEW FL 33569

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

TITLE ☐ Delete
 NAME VICE PRESIDENT
 STREET ADDRESS DENISE BUFFINGTON
 CITY-ST-ZIP 6206 WATERMARK DR #201
 RIVERVIEW FL 33569

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

DOUGLAS JAMES BENROTH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS JAMES BENROTH April 25 2000

Date

813 657 0505 Daytime Phone #

CR2E034 (9/99)