

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090826

1. Entity Name

SONJA BENSON INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 13 AM 11:21

Principal Place of Business  
162 THIRD STREET SOUTH  
NAPLES FL 34102

Mailing Address  
162 THIRD STREET SOUTH  
NAPLES FL 34102

2. Principal Place of Business  
1209 THIRD STREET SOUTH

3. Mailing Address  
1209 THIRD STREET SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT

City & State  
NAPLES FL

City & State  
NAPLES FL

4. FEI Number  
59-3605427

Applied For  
Not Applicable

Zip  
34102

Country  
USA

Zip  
34102

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARMICHAEL, KEVIN  
821 5TH AVE S  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name  
BENSON, SONJA  
Street Address (P.O. Box Number is Not Acceptable)  
1209 THIRD STREET SOUTH

City NAPLES FL Zip Code 34102

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 *Sonja Benson*

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, SONJA 162 THIRD STREET SOUTH NAPLES FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGSTROM, MARY B 162 THIRD STREET SOUTH NAPLES FL 34102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGSTROM, WILLIAM R. 162 THIRD STREET SOUTH NAPLES FL 34102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, VP, S, T BENSON, SONJA 1209 THIRD STREET SOUTH NAPLES FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (11/00)