2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000110454

1. Entity Name

BENNETT SEARCH & CONSULTING, COMPANY, INC.



FILED
Mar 05, 2003 8:00 am s
Secretary of State

03-05-2003 90082 032 ***150.00

						600 WE 18						
Principal Plac 285-1 NAOMI NAPLES FL 34	DRIVE	3	Mailing Address 285-1 NAOMI DRIVE NAPLES FL 34104									
2. Principal P	lace of Busin	ess	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					_	
City & State			City & State			4. F	59-3614243			Applied For lot Applicable	}	
Zip Country			Zip	Country			5. (Certificate of Status Desired		. 75 Ac	dditional ed	
	6. Name	and Address of Current	Registere	egistered Agent			7. Name and Address of New Registered Agent					1
						Name						1
BENNETT, ROBERT C						Street-Addres	s (P.OB	ex-Number-is:Not-Acceptable)				┧
285-1 NAOMI DRIVE												1
NAPLES F	L 34104											
4						City			<u> </u>	Zip Co	de	1
						•						4
	named entity tions of regist		or the purp	ose of changing its re	gistered	office or regis	tered ag	ent, or both, in the State of Florida. I	am tam	ıllar witr	n, and accept	
SIGNATURE .												
	Signature, typed	or printed name of registered agent	and title if app	icable. (NOTE: Re	legistered A	gent signature requ	ired when re	einstating) DA	TE			
After	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00						Election Campaign Financing Trust Fund Contribution.			00 May Be ed to Fees	
Make Check	c Payable to	Florida Department o										
10.	•	OFFICERS AND	DIRECTO	RS	11.		ΑĎ	DITIONS/CHANGES TO OFFICERS				ړ ⊦
TITLE	D			☐ Delete	TITLE] Change	☐ Addition	10/01
NAME	BENNETT, ROBERT C				NAME	ADDOCCO						5
STREET ADDRESS 285-1 NAOM! DRIVE CITY-ST-ZIP NAPLES FL 34104					CITY-ST	ADDRESS 1-7(P						8
* 4	NAPLES I	£ 34104	-	□ Delete	TITLE					7 Change	Addition	1 2
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STREET ADDRESS	l .`					ADDRESS						
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NAME		*			NAME							
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CITY_ST_7IP	I	•			CITY-ST	[-7 P						1

12. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME



☐ Delete

☐ Delete

3/1/03

289-290-2331

☐ Change

Change

☐ Addition

☐ Addition

Daytime Phon