

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S12004

1. Entity Name

BENU SERVICE CO.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90062 017 ***150.00

Principal Place of Business

223 S PARRAMORE AVE
 ORLANDO FL 32805
 US

Mailing Address

223 S PARRAMORE AVE
 ORLANDO FL 32805-2252
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3034927

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGE, THOMAS M., SR.
 4844 PAT ANN TR.
 ORLANDO FL 32808

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	PD	<input type="checkbox"/> Delete
NAME	HAGE, THOMAS M., SR.	
STREET ADDRESS	4844 PAT ANN TR.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAGE, JOHN P.	
STREET ADDRESS	4844 PAT ANN TR.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	AVERHART, LES	
STREET ADDRESS	219 S. PARRAMORE AVE APT 4A	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Billy Ray STEVENS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	310 Lee ST	
STREET ADDRESS	ORLANDO, FL 32805	
CITY-ST-ZIP	VP	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE MAILARD	
STREET ADDRESS	219 S PARRAMORE AVE APT 6B	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas M. Hage*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2000

407-423-1040

CR2E034 (9/99)