

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90929 025 ***150.00

DOCUMENT # S97131

1. Entity Name

VERNIS & BOWLING OF FT. LAUDERDALE, P.A.

Principal Place of Business

Mailing Address

**301 S.E. 10TH COURT
FT. LAUDERDALE FL 33316**

**301 S.E. 10TH COURT
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

1301 S. Andrews Ave

3. Mailing Address

1301 S. Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 302

Suite 302

City & State

City & State

Fort Lauderdale FL

Fort Lauderdale FL

Zip

Country

Zip

Country

33315

USA

33315

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONALD BENSON

301 SE 10TH COURT

FT. LAUDERDALE FL 33316

Name

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

1301 S. Andrews Ave

Suite 302

City

Fort Lauderdale FL

Zip Code

33315

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

Donald H. Benson, P.V.T.S.

Donald H. Benson

4/25/01

Signature, typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS BENSON, DONALD H. 301 S.E. 10 COURT FT. LAUDERDALE FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Donald H. Benson, P.V.T.S.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald H. Benson

4/25/01

DATE

954-462-4304

Daytime Phone #

CR2E034 (10/00)