

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V13574**

1. Entity Name  
**BENTON DESIGN, INC.**

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90013 032 \*\*\*150.00

Principal Place of Business

**616 W CHASE ST  
PENSACOLA FL 32501  
US**

Mailing Address

**616 W CHASE ST  
PENSACOLA FL 32501  
US**

00059869



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc..

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3115033**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAY, KIEVIT & KELLY, P.A.  
15 W. MAIN STREET  
PENSACOLA FL 32501**

Name **LOUIS F. RAY, JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**236 W. GARDEN ST., SUITE 3**

City **PENSACOLA**

FL

Zip Code **32501**

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]*

Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/25/01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **DP BENTON, ALLAN** ☐ Delete  
STREET ADDRESS **310 ARIOLA DRIVE**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS **106 1/2 S. PALAFOX ST.**  
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/01

DATE

433-9000

Daytime Phone #

CR2E034 (5/01)