## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2000 8:00 am Secretary of State **DOCUMENT # V32543** BENCHMARK CONSTRUCTION OF NAPLES, INC. 05-01-2000 90379 014 \*\*\*150.00 Mailing Address Principal Place of Business 5192 WEST BLVD - WEST BLVD NAPLES FL 34103-2847 🔙 FL 34103 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For City & State 4. FEI Number City & State 65-0329012 Not Applicable Country \$8.75 Additional Zip $Z_{ip}$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADKINS, TERRY R Street Address (P.O. Box Number is Not Acceptable) 5192 WEST BOULEVARD NAPLES FL 34103 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/99) ☐ Change Addition TITLE TITLE ☐ Delete ADKINS, TERRY NAME NAME STREET ADDRESS 5192 WEST BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 33940 Delete TITLE Addition TITLE REEVES, FRANK NAME Adkins Term STREET ADDRESS West 110 3RD ST NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34120 ☐ Addition TITLE TITLE ADKINS, DEBORAH J NAME NAME STREET ADDRESS STREET ADDRESS 5192 WEST BLVD 92 West CITY-ST-7IF NAPLES FL 34103 ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME West Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**FILED**