

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90614 018 \*\*\*158.75

DOCUMENT # **V37509**

1. Entity Name

**BENCHMARK BUILDERS**

**DO NOT WRITE IN THIS SPACE**

**851908**

2. Principal Place of Business

**6602 WINDING BROOK DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**6602 WINDING BROOK DRIVE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**NEW PORT RICHEY, FL**

City & State

**NEW PORT RICHEY, FL**

4. FEI Number

**59-3130224**

Applied For

Not Applicable

Zip

**34655**

Country

**USA**

Zip

**34655**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**A. JAMES AGETT**

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

**6602 WINDING BROOK DRIVE**

City

**NEW PORT RICHEY, FL**

Zip Code

**34655**

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

*A. James Agett*

**A. JAMES AGETT**

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)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	A. JAMES AGETT	6602 WINDING DRIVE	NEW PORT RICHEY, FL 34655				

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*A. James Agett*

**A. JAMES AGETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-02**

Date

**727-372-6667**

Daytime Phone #

CR2E034B (12/01)