2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-21-2002 90150 011 ***150.00

DOCUMENT # P01000048064

1. Entity Name
FIDELITY FINANCIAL BENEFITS GROUP, INC.

Principal Place of Business	Mailing Address
4532 W. KENNEDY BOULEVARD 259 TAMPA FL 33609-2042 US	POST OFFICE BOX 20062 TAMPA FL 33633 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4532 W. Kennedy Blvd.	
Suite, Apt. #, etc. #281	Suite, Apt. #, etc.
City & State Tampa, FL	City & State
Zip 33609 / Country	Zip / Country

4. FEI Number 59-3717822 ☐ Applied For ☐ Not Applicable

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
SELLAS, JOHN A 4532 W. KENNEDY BLOUVARD 259 TAMPA FL 33609	Name SELLAS, John Street Address (P.O. Box Number is Not Acceptable) 4532 W. Kennedy Blvd. #281 City Tampa FL Zip Code 33609

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] as president John A. Sellas DATE 01/11/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P ~~SELLAS, JOHN A~~ 4532 W. KENNEDY BOULEVARD, 259. TAMPA FL 33609 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. SELLAS, JOHN 4532 W. Kennedy Blvd. #281 Tampa, FL 33609 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED [signature] President John A. Sellas Presid. 01/11/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #