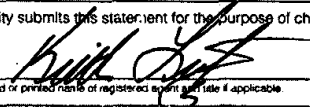
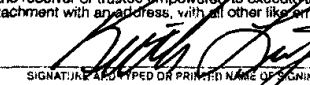


# 2001 UNIFORM BUSINESS REPORT (UBR)

102

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 19 PM 4:56

<b>DOCUMENT #</b> PA3000032933			
<b>*1. Entity Name</b> GOVERNMENT BENEFIT SPECIALISTS, INC.			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
2. Principal Place of Business 3750 GUNN HWY. Suite, Apt. #, etc. STE 3B City & State TAMPA, FL Zip 33624		3. Mailing Address 3750 GUNN HWY Suite, Apt. #, etc. STE 3B City & State TAMPA, FL Zip 33624	
Country FLORIDA		Country FLORIDA	
4. FEI Number 59-3178109		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KEITH LUTZ 3750 GUNN HWY, STE 3B TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 11-21-01	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001, Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b> </div>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE PRESIDENT NAME Keith Lutz STREET ADDRESS 8726 TANTALON CIR CITY-ST-ZIP TAMPA, FL 33647		<input type="checkbox"/> Delete	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 500004745085-- -12/31/01--01064--012 *****150.00 *****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 01/001

202

GOVERNMENT BENEFIT SPECIALISTS, INC.

November 21, 2001

Florida Department of State  
ATTN: Uniform Business Report  
409 East Gaines Street  
Tallahassee, FL 32399

RE: ~~Government Benefit Specialists, Inc.~~  
FEIN: 59-3178109

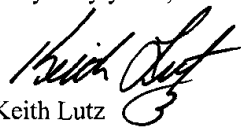
Dear Sir/madam:

Pursuant to my assistant's conversation with a Diane in your office this afternoon, enclosed please find the 2001 Uniform Business Report as well as a check for \$150.00.

Your representative advised us that both of the mailings that were sent to us were returned and as such the penalty for the late filing would be waived.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact me.

Very truly yours,

  
Keith Lutz  
President

KL:lmc

Enclosure: