

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90130 028 \*\*\*150.00

**DOCUMENT # P96000037394**

1. Entity Name

**COMP & BENEFIT ADVISORS, INC.**

Principal Place of Business

Mailing Address

**9140 GOLFSIDE DR  
 STE 10  
 JACKSONVILLE FL 32256**

**PO BOX 551588  
 JACKSONVILLE FL 32255-1588**

2. Principal Place of Business

3. Mailing Address

**8130 Baymeadows Circle W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite # 303**

City & State

City & State

**Jack Jacksonville, FL**

4. FEI Number **59-3376805**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32256 USA**

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

**TOLBERT, THOMAS W  
 9140 GOLFSIDE DR  
 STE 10  
 JACKSONVILLE FL 32256**

Name

Street Address (P.O. Box Numbers Not Acceptable)

**8130 Baymeadows Circle W., Ste #303**

**Jack Jacksonville, FL**

City

**FL**

Zip Code

**32256**

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

*Thomas W. Tolbert* **Thomas W. Tolbert**

**1/25/01**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<input type="checkbox"/> Delete
P	TOLBERT, THOMAS W	9140 GOLFSIDE DR STE 10	JACKSONVILLE FL 32256	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		8130 Baymeadows Circle W., Ste #303	Jack Jacksonville, FL 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Thomas W. Tolbert* **Thomas W. Tolbert**

Date

Daytime Phone #

**1/25/01 904-636-5500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

C 219