

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90053 038 ***150.00

DOCUMENT # P96000037394

1. Entity Name
COMP & BENEFIT ADVISORS, INC.



Principal Place of Business
**8333 PERIMETER PARK BLVD.
SUITE #201
JACKSONVILLE FL 32216**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3376805**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~8130 BAYMEADOWS CIRCLE W
SUITE 303
JACKSONVILLE FL 32236~~

Name

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

8333 Perimeter Park Blvd

Suite 201

City

Jacksonville

FL

Zip Code
32216

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. I am familiar with, and accept the obligations of registered agent.

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

DATE **1-9-03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **TOLBERT, THOMAS W**
STREET ADDRESS **8333 PERIMETER PARK BLVD. #201**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas W. Tolbert* **Thomas W. Tolbert, Pres** **1/9/03** **904-641-0121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)