

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90880 042 \*\*\*150.00

**DOCUMENT # P99000013476**

1. Entity Name  
**BENEFITS PLUS OF JACKSONVILLE, INC.**

Principal Place of Business      Mailing Address  
**1857 WELLS ROAD**      **1857 WELLS ROAD**  
**UNIT 210**      **UNIT 210**  
**ORANGE PARK FL 32073**      **ORANGE PARK FL 32073-2340**

2. Principal Place of Business      3. Mailing Address  
**3536 UNIVERSITY BLVD N**      **3536 UNIVERSITY BLVD N**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 256**      **SUITE 256**  
 City & State      City & State  
**JACKSONVILLE, FLORIDA**      **JACKSONVILLE, FL**  
 Zip      Zip      Country      Country  
**32277**      **32277**      **USA**      **USA**

4. FEI Number      Applied For  
**59-355-7739**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_  
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, 2000 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	<b>PD</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINK, SHERRILL R</b>	NAME	
STREET ADDRESS	<b>1857 WELLS ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	CITY-ST-ZIP	
TITLE	<b>VST</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINK, MARY B</b>	NAME	
STREET ADDRESS	<b>1857 WELLS ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.



DO NOT WRITE IN THIS SPACE

**SIGNATURE:**

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/2000*      *904-762-0504*  
 Date      Daytime Phone #