

2001 UNIFORM-BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

02-03-2001 90061 038 ***150.00

33973

DOCUMENT # S68607

1. Entity Name
CORPORATE BENEFIT PROVIDERS, INC.

Principal Place of Business
 1015 ATLANTIC BLVD
 #323
 ATLANTIC BEACH FL 32233
 US

Mailing Address
 1015 ATLANTIC BLVD
 #323
 ATLANTIC BEACH FL 32233
 US

2. Principal Place of Business
~~319 Scenic Point Ln~~

3. Mailing Address
~~319 Scenic Point Ln~~

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
~~Orange Park, FL~~

City & State
~~Orange Park FL~~

Zip
~~32067~~

Country
~~USA~~

Zip
~~32067~~

Country
~~USA~~

DO NOT WRITE IN THIS SPACE

02/03/01 90061 038 150.00

4. FEI Number **59-3096960** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 32003
BURCH, D. RUSSELL
 1015 ATLANTIC BOULEVARD
 #323
 ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent
 Name **Burch, D. Russell**
 Street Address (P.O. Box Number is Not Acceptable)
1101-L Hillcrest Parkway
107
 City **Dublin, GA** ~~FL~~ Zip Code **31021**

Glenn, Steve
 319 Scenic Point Lane
 Orange Park, FL
 32067

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 *D Russell Burch* *St/K* 3/27/01 11/15/01
 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 WITH FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$50.00
 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	EXP GLENN, STEVE 319 SCENIC POINT LN ORANGE PARK FL 32067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURCH, ALICE D 1015 ATLANTIC BLVD #323 ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Burch, Alice D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101-L Hillcrest Parkway # 107 Dublin, GA 31021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURCH, D. RUSSELL 1015 ATLANTIC BLVD #323 ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Burch, D. Russell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101-L Hillcrest Parkway # 107 Dublin, GA 31021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *D Russell Burch* 1-15-01 478-274-1295
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2/01