2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90394 037 ***150.00

DOCUMENT # 619282

1. Entity Name

BENEFITS & PLANNING, INC.

Principal Place of Business	Mailing Address
40 S. PINEAPPLE AVE. SARASOTA L 34236 US	P.O. BOX 1059 SARASOTA FL 34230-1059 US

948735

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	46 N. WASHINGTON BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 1
City & State	City & State SARASOTA FL
Zip / Country	Zip 34236 / Country

4. FEI Number 59-1969802 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 NORTH WASHINGTON BOULEVARD
SARASOTA FL 33577

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 r[redacted]ered office or registered agent, or both, in the State of Florida.

SIGNATURE ______ Signature, typed or printed name of registered agent [redacted] (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangi[redacted] 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST TOLLERTON, JAMES B. P.O. BOX 1059 SARASOTA FL 34230 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption state[redacted](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 ha[redacted] 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 Cha[redacted] 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 REQUIRED (941) 957-1310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES B. TOLLERTON, President