

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90013 034 ***150.00

DOCUMENT # 667333
 1. Entity Name
FLORIDA FRINGE BENEFITS, INC.

Principal Place of Business 120 UNIVERSITY PARK DR #230 P.O. BOX 4669 WINTER PARK FL 32793 US	Mailing Address 120 UNIVERSITY PARK DR #230 P.O. BOX 4669 WINTER PARK FL 32793 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1340 Oxford Road	3. Mailing Address 1340 Oxford Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Maitland, Florida	City & State Maitland, Florida	4. FEI Number 59-1885242	Applied For <input type="checkbox"/> Not Applicable
Zip 32751	Country USA	Zip 32751	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
STEINBERG, BARBARA
120 UNIVERSITY PARK DR #230
WINTER PARK FL 32793

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1340 Oxford Road
 City
Maitland **FL** Zip Code
32751

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE STD	<input type="checkbox"/> Delete
NAME STEINBERG, BARBARA	
STREET ADDRESS 120 UNIVERSITY PARK DR #230	
CITY-ST-ZIP WINTER PK FL	
TITLE VP	<input type="checkbox"/> Delete
NAME THOMAS, WAYNE	
STREET ADDRESS 120 UNIVERSITY PARK DRIVE #230	
CITY-ST-ZIP WINTER PK FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1340 Oxford Road	
CITY-ST-ZIP Maitland, Florida 32751	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1340 Oxford Road	
CITY-ST-ZIP Maitland, Florida 32751	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: [Signature] Date: 4/10/01 Daytime Phone #: 407-657-0697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/00)