

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 680155

FILED  
May 01, 2003  
Secretary of State

**Entity Name:** CO-ORDINATED BENEFIT PLANS, INC.

**Current Principal Place of Business:**

26133 US HIGHWAY 19 NORTH  
SUITE 250  
CLEARWATER, FL 33763 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 20594  
TAMPA, FL 33622 US

**New Mailing Address:**

**FEI Number:** 59-2014829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MALONEY, JOHN L  
3862 CENTRAL AVENUE  
ST. PETERSBURG, FL 33711 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: TUOMEY, WILLIAM  
Address: 26133 U.S. HIGHWAY 19 NORTH, SUITE 250  
City-St-Zip: CLEARWATER, FL 33763

Title: VPS ( ) Delete  
Name: TUOMEY, MICHAEL  
Address: 26133 U.S. HIGHWAY 19 NORTH, SUITE 250  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. TUOMEY

DPT

05/01/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date