

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 697929

1. Entity Name
FRINGE BENEFITS UNLIMITED, INC.



Principal Place of Business
6826 W. LINEBAUGH AVE.
TAMPA, FL 33625

Mailing Address
6826 W. LINEBAUGH AVE.
TAMPA, FL 33625

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2117664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, ROBERT E
100 N TAMPA STREET SUITE #3500
TAMPA, FL 33602

Name
GARY A. GIBBONS

Street Address (P.O. Box Number is Not Acceptable)

3321 HENDERSON BLVD.

City TAMPA

FL

Zip Code
33609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gary A. Gibbons

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
SOLOMON, JAMES R DP
6826 W. LINEBAUGH AVE.
TAMPA, FL 33625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600118437316
02/20/08--01019--016 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SOLOMON, LINDA A
6826 W. LINEBAUGH AVE.
TAMPA, FL 33625 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J.R. Solomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

Date

813-265-2324

Daytime Phone #

SP 1/30