

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90214 004 ***150.00

DOCUMENT # F89519

1. Entity Name
INTERNATIONAL BENEFIT CONSULTANT CORPORATION



Principal Place of Business
5173 ELPINE WAY
PALM BEACH GARDENS FL 33418
US

Mailing Address
5173 ELPINE WAY
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2237747**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOWERWINE, ROBERT W.
1010 ASPRI WAY
PALM BEACH GARDENS FL 33418

Name

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

5173 ELPINE WAY

City

PALM BEACH GARDENS

FL

Zip Code

33418

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Delete
NAME **SOWERWINE, ROBERT W**
STREET ADDRESS **1010 ASPRI WAY**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5173 ELPINE WAY**
CITY-ST-ZIP

TITLE **VPSD** ☐ Delete
NAME **SOWERWINE, DORIS J.**
STREET ADDRESS **1010 ASPRI WAY**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5173 ELPINE WAY**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

DORIS J. SOWERWINE 2/13/03 (561) 848-5013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)