

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 23, 2000 8:00 am**
Secretary of State

05-23-2000 90273 020 ***150.00

DOCUMENT # F93000005062

1. Entity Name

GRAPHIC ARTS BENEFITS NETWORK AGENCY, INC.

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 43058 P.O. BOX 43058
CINCINNATI OH 45243-0058 CINCINNATI OH 45243-0058
US 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 31-1368852 Applied For
Not Applicable5. 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

~~BYERS, KENNETH V~~
6250 HAZELTINE NATURAL DRIVE
SUITE 114
ORLANDO FL 32822

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *[Signature]* DATE 4-28-00

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
PC	BYERS, KENNETH V	6250 HAZELTINE NATIONAL DRIVE, SUITE 114	ORLANDO FL	<input type="checkbox"/>
STD	LEE, JULIA	7710 SHAWNEE RUN ROAD	CINCINNATI OH 45243	<input type="checkbox"/>
VD	MANNING, STEVEN L.	3 HICKORY HOLLOW	CINCINNATI OH 45241	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth V. Byers, Pres.

4-28-00

513-561-0011

C-1 (01/19/99)