

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90046 017 ***150.00

DOCUMENT # F96000003867

1. Entity Name

BENEFIT SERVICES, INC. OF OHIO

Principal Place of Business

**3636 COPLEY ROAD
 PO BOX 4138
 COPLEY, SUMMIT COUNTY OH 44321**

Mailing Address

**3636 COPLEY ROAD
 PO BOX 4138
 COPLEY, SUMMIT COUNTY OH 44321**

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 **34-1785445**

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

**FRAZIER, ROBERT C SR
 2950 NORTH BEACH ROAD, UNIT A334
 ENGLEWOOD FL 34223**

Name

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

City

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

(NOTE: Registered Agent's 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PCFO						
	FRAZIER, ROBERT C SR	2950 NORTH BEACH ROAD UNIT A334	ENGLEWOOD FL 34223				
	P						
	FRAZIER, CONSTANCE M PD	3286 EDINGTON ROAD	FAIRLAWN OH 34223				
	DEV						
	NEWBAUER, JEROME	1479 KARL DRIVE	AKRON OH 44321				
	S						
	FRAZIER, KATHLEEN M	4432 RIDGEWOOD ROAD	AKRON OH 44321				
	VCDV						
	FRAZIER, ROBERT C JR	W 145-N 10184 RAINTREE DRIVE	GERMANTOWN WI 53022				

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:

Robert C Frazier **Robert C Frazier** Chairman

4-23-01

8003673762 F150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)