

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90408 044 ***158.75

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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
Frazier, Robert C Sr
Street Address (P.O. Box Number is Not Acceptable)
5220 Brittany Dr #5 Ap 304
City *St. Petersburg* FL Zip Code *33715*

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 *Robert C Frazier, Chairman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-03

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 **PCFO** ☐ Delete
NAME **FRAZIER, ROBERT C SR**
STREET ADDRESS **2950 NORTH BEACH ROAD UNIT A334**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

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

TITLE **P** ☐ Delete
NAME **FRAZIER, CONSTANCE M PD**
STREET ADDRESS **3286 EDINGTON ROAD**
CITY-ST-ZIP **FAIRLAWN OH 34223**

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

TITLE **DEV** ☐ Delete
NAME **NEWBAUER, JEROME**
STREET ADDRESS **1479 KARL DRIVE**
CITY-ST-ZIP **AKRON OH 44321**

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

TITLE **S** ☐ Delete
NAME **FRAZIER, KATHLEEN M**
STREET ADDRESS **4432 RIDGEWOOD ROAD**
CITY-ST-ZIP **AKRON OH 44321**

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

TITLE **VCDV** ☐ Delete
NAME **FRAZIER, ROBERT C JR**
STREET ADDRESS **W 145-N 10184 RAINTREE DRIVE**
CITY-ST-ZIP **GERMANTOWN WI 53022**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Robert C Frazier, Chairman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

800.3673762X150

Daytime Phone #

CR2E034 (10/02)