

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90070 024 \*\*\*150.00

**DOCUMENT # F99000002762**

1. Entity Name  
**SELECT BENEFITS GROUP, INC.**



Principal Place of Business  
**65 E. WADSWORTH PARK DRIVE  
SUITE 202  
DRAPER UT 84020**

Mailing Address  
**65 E. WADSWORTH PARK DRIVE  
SUITE 202  
DRAPER UT 84020**



2. Principal Place of Business  
**65 E. Wadsworth Pk Dr**

3. Mailing Address  
**65 E. Wadsworth Pk Dr**

Suite, Apt. #, etc.

**200**

City & State

**Draper UT**

Zip

**84020**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **87-0482115**

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

**CORPORATE ACCESS INC.  
236 EAST 6TH AVE.  
TALLAHASSEE FL 32303**

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. 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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete  
NAME **BOWLBY, ROCKLAND GUY**  
STREET ADDRESS **65 E. WADSWORTH PARK DRIVE**  
CITY-ST-ZIP **DRAPER UT 84020**

TITLE **President + CEO** ☒ Change ☐ Addition  
NAME **Brent G. Williams**  
STREET ADDRESS **65 E. Wadsworth Park Dr STE 200**  
CITY-ST-ZIP **Draper UT 84020-8157**

TITLE **VVS** ☐ Delete  
NAME **WILLIAMS, BRENT G**  
STREET ADDRESS **65 E. WADSWORTH PARK DRIVE**  
CITY-ST-ZIP **DRAPER UT 84020**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Charles Cromarty Augade**  
STREET ADDRESS **65 E Wadsworth Park Dr STE 200**  
CITY-ST-ZIP **Draper UT 84020-8157**

TITLE **D** ☐ Delete  
NAME **CROMARTY AUGADE, CHARLES**  
STREET ADDRESS **65 E. WADSWORTH PARK DRIVE**  
CITY-ST-ZIP **DRAPER UT 84020**

TITLE **Shareholder** ☒ Change ☐ Addition  
NAME **Rockland Guy Bowlby**  
STREET ADDRESS **65 E. Wadsworth Park Dr. STE 200**  
CITY-ST-ZIP **Draper UT 84020-8157**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**Signature and Typed or Printed Name of Signing Officer or Director**

Date

Daytime Phone #

**801-495-3000**

CR2E034 (10/02)