

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90046 016 ***150.00

DOCUMENT # **G75026**

1. Entity Name

FIRST BENEFIT SERVICES, INC.

Principal Place of Business

Mailing Address

**7330 US HWY 301 N
 STE A
 TAMPA FL 33637
 US**

**PO BOX 290138
 SUITE 450.PO BOX 290138
 TAMPA FL 33687-138
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

59-2288043

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
 2950 N BEACH RD
 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 signature required when re-registering)

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	C	<input type="checkbox"/> Delete
NAME	FRAZIER, ROBERT	
STREET ADDRESS	2950 N. BEACH RD A334	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	EVANS, RICHARD	
STREET ADDRESS	5918 FAIRFAIX ST., N.W.	
CITY-ST-ZIP	NORTH CANTON OH	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GATZULIS, DANIEL	
STREET ADDRESS	2401 BAY BLVD. APT A	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

800 861 3761

Date

Signature-Printing # 04/1501

CR2E034 (10/00)