

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90928 003 \*\*\*158.75

**DOCUMENT # G75026**

1. Entity Name  
**FIRST BENEFIT SERVICES, INC.**



Principal Place of Business  
**7930 US HWY 301 N  
STE A  
TAMPA FL 33637  
US**

Mailing Address  
**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. FEI Number **59-2288043**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRAZIER, ROBERT C  
2950 N BEACH RD  
A334  
ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

Name **Frazier, Robert C.**  
Street Address (P.O. Box Number is Not Acceptable) **5220 Brittany Dr Apt 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, President**

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

(NOTE: Registered Agent signature required when reinstating)

**4-7-03**

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 **C** ☐ Delete  
NAME **FRAZIER, ROBERT**  
STREET ADDRESS **2950 N. BEACH RD A334**  
CITY-ST-ZIP **ENGLEWOOD FL**

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

TITLE **V** ☒ Delete  
NAME **EVANS, RICHARD**  
STREET ADDRESS **5918 FAIRFAIR ST., N.W.**  
CITY-ST-ZIP **NORTH CANTON OH**

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

TITLE **VP** ☐ Delete  
NAME **GATZULIS, DANIEL**  
STREET ADDRESS **2401 BAY BLVD. APT A**  
CITY-ST-ZIP **INDIAN ROCKS BEACH FL**

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

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-03**

Date

**800 367 3742 X150**

Daytime Phone #

CR2E034 (10/02)