

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
 03-24-2000 90096 038 ***150.00

DOCUMENT # K67750

1. Entity Name

BENEFIT & INVESTMENT CONCEPTS, INC.

Principal Place of Business

Mailing Address

2101 SAWGRASS VILLAGE
 PONTE VEDRA BEACH FL 32082
 US

2101 SAWGRASS VILLAGE
 PONTE VEDRA BEACH FL 32082-5030
 US

2. Principal Place of Business

104 DEER LAKE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

4. FEI Number

59-2942308

Applied For

Not Applicable

Zip

Country

32082 USA

Zip

Country

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

PAUL, HERMAN S
2468 ATLANTIC BLVD.
JACKSONVILLE FL 32207

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

JOHN L. SMITH PRESIDENT

3/21/2000

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, 2000 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 PD ☐ Delete
 NAME SMITH, JOHN L.
 STREET ADDRESS 2101 SAWGRASS VILLAGE DRIVE
 CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE PD ☒ Change ☐ Addition
 NAME SMITH, JOHN L.
 STREET ADDRESS 104 DEER LAKE DRIVE
 CITY-ST-ZIP PONTE VEDRA BEACH, FL. 32082

TITLE A ☐ Delete
 NAME PAUL, HERMAN S
 STREET ADDRESS 2468 ATLANTIC BLVD
 CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

JOHN L. SMITH, PRESIDENT

3/21/2000

Date

904-273-9234

Daytime Phone #

CF E034 (9/99)