

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91339 014 ***150.00

DOCUMENT # **P00000005294** ✓
1. Entity Name
INSURANCE, BONDS & BENEFITS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4506 S. OAK DRIVE

3. Mailing Address
4506 S. OAK DRIVE

Suite, Apt. #, etc.
UNIT S-12

Suite, Apt. #, etc.
UNIT S-12

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33611

Country
USA

Zip
33611

Country
USA

4. FEI Number
59-3618778

Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BRUCE E. JOHNSON

Street Address (P.O. Box Number is Not Acceptable)
4506 S. OAK DRIVE


UNIT S-12

City
TAMPA

FL

Zip Code
33611

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
PRESIDENT
NAME
BRUCE E. JOHNSON
STREET ADDRESS
4506 S. OAK DRIVE, UNIT S-12
CITY-ST-ZIP
TAMPA, FL 33611

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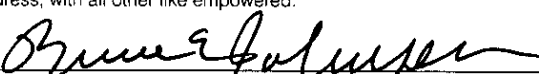
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

813-690-7901

Daytime Phone #