2001 UNIFORM BUSINESS REPORT (UBR)

May 21, 2001 8:00 am Secretary of State DOCUMENT # P0000032504 1. Entity Name SELECT BENEFITS. INC. 04-30-2001 90369 001 ***158.75 Principal Place of Business Mailing Address 4300 SOUTH U.S. HWY 1, STE. 203-287 4300 SOUTH U.S. HWY 1, STE, 203-287 JUPITER FL 33477-1111 JUPITER FL 33477-1111 45276 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1006362 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 'NOVAK," MICHAEL" J Street Address (P.O. Box Number is Not Acceptable) 601 SOUTH SEAS DRIVE #201 JUPITER FL 33477-1111 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE PRESIDENT/SELRETARY Delete TITLE ☐ Chance Addition NAME NAME NOVAK, MICHAEL J. STREET ADDRESS STREET ADDRESS 601 SOUTH SEAS DRIVE # 201 CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33477-1111 Delete TATLE TITLE Chance Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City St-Zip CITY-ST-ZIF TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F TITLE ☐ Delete ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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: Muhal Down 1916 HAEL J. NOVAK 4/22/01 561-741-7018