2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State DOCUMENT # P00000033561 04-28-2002 90646 001 ***600.00 1. Entity Name PROFESSIONAL BENEFIT SOLUTIONS, INC. Principal Place of Business Mailing Address 2780 S HORSESHOE DR STE 5 2780 S HORSESHOE DR STE 5 NAPLES FL 34104 NAPLES FL 34104 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 65-0991757 Not Applicable Zip Country 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 ANDREA, LAURIE Street Address (P.O. Box Number is Not Acceptable) 2780 S.HORSESHOE.DR STE.5.. NAPLES FL 34104 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) \Box Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **VTD** TITLE Delete ☐ Channe ☐ Addition CR2E034 (9/01 NAME ANDREA, LAURIE 6921 COMPTON LANE STREET ADORESS STREET ADDRESS CITY-ST-ZIP-NAPLES FL 34104 CITY-ST-7IP TILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-77P CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAMES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-7P CITY-ST-7IP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP+ CITY-ST-ZIP TITLE ☐ Delete TITLE -☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST-7IP 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

all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

SIGNATURÉ

REQUIENTO

FILED

430-6500