

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90219 016 ***150.00

DOCUMENT # P00000039876

1. Entity Name
EMPLOYEE BENEFITS INVESTMENT GROUP, INC.

Principal Place of Business
**3987 CATTAIL POND DR
 JACKSONVILLE FL 32224**

Mailing Address
**3987 CATTAIL POND DR
 JACKSONVILLE FL 32224**

2. Principal Place of Business
**8130 Baymeadows Cir W
 Suite 210**

3. Mailing Address
P.O. Box 19986

Suite, Apt. #, etc.
Suite 210

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-3640500**

Applied For
 Not Applicable

Zip **32256** Country **USA**

Zip **32245** Country **USA**

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TRONCOSO, ARTHUR B JR
 3987 CATTAIL POND DR
 JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

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 **Arthur B. Troncoso, Jr., President**

4/30/2002

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **DPST** Delete
 NAME **TRONCOSO, ARTHUR B JR**
 STREET ADDRESS **3987 CATTAIL POND DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **MCKINNEY, GENE L**
 STREET ADDRESS **5020 GRAYSTONE WAY**
 CITY-ST-ZIP **BIRMINGHAM AL 35242**

TITLE **V** Change Addition
 NAME **McKinney, Gene L**
 STREET ADDRESS **1151 Barkley Ln.**
 CITY-ST-ZIP **Birmingham, AL 35242**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Change Addition
 NAME **Pearson, Brian S.**
 STREET ADDRESS **2817 Stratford Drive**
 CITY-ST-ZIP **Temple, TX 76502**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 904 733-7787

CRZE034 (9/01)