

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90012 019 \*\*\*150.00

**DOCUMENT # P00000042319**

1. Entity Name  
**GROUP BENEFIT SPECIALISTS, INC.**

Principal Place of Business

**211 MAIN STREET  
 DESTIN FL 32541**

Mailing Address

**211 MAIN STREET  
 DESTIN FL 32541**

(LA)

2. Principal Place of Business

3. Mailing Address

**P O Box 921**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DESTIN, FLORIDA**

4. FEI Number

**59-3644195**

Applied For

Not Applicable

Zip

Country

**32540**

Country

**OKALOOSA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, DALE  
 6059 EDEN SQUARE  
 CRESTVIEW FL 32536**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-17-01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 SHIPLEY, GERRY S  
 P O BOX 921  
 DESTIN FL 32541** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VSD  
 SHIPLEY, SUSAN S  
 P O BOX 921  
 DESTIN FL 32541** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-17-01 850-60-0168**

Date

Daytime Phone #

CR2E034 (5/01)

Attachment # P00000042319  
77 3632

GROUP  
BENEFIT  
SPECIALISTS

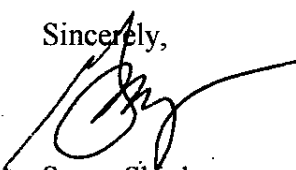
July 17, 2001

Uniform Business Report  
Division of Corporations  
P O Box 1500  
Tallahassee, Fl 32302-1500

To WHOM IT MAY CONCERN:

Please find enclosed our check in the amount of \$150 We request that you accept this as payment in full for filing 2001. This is our first year as a corporation and we were unaware of the time frames involved in filing. (We did not remember receiving Form P00000042319 before) We plan to be prompt in future filings. We did not anticipate in having to make this payment at this time. We appreciate your consideration in helping us with our dilemma

Sincerely,

  
Susan Shipley  
Gerry Shipley

P0300521