

2001 UNIFORM BUSINESS REPORT (UBR)

2/8.

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-08-2001 90025 045 ***150.00

DOCUMENT # P00000046997

1. Entity Name

EMPLOYEE HEALTH BENEFITS SERVICES, INC.

Principal Place of Business

1758 PEBBLE HILL COURT
 PALM HARBOR FL 34683

Mailing Address

1758 PEBBLE HILL COURT
 PALM HARBOR FL 34683

2. Principal Place of Business

SAME AS ABOVE

Suite, Apt. #, etc.

N/A

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

N/A

City & State

P. Harbor FL

City & State

P. Harbor FL

Zip

34683

Country

Pinellas

Zip

34683

Country

Pinellas

4. FEI Number

39-3642926

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDMONS, JOHN
1758 PEBBLE HILL COURT
PALM HARBOR FL 34683

correct

7. Name and Address of New Registered Agent

Name

None

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, 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, 2001 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

TITLE	PRES	<input type="checkbox"/> Delete
NAME	John S. Edmons	
STREET ADDRESS	1758 Pebble Hill Ct	
CITY-ST-ZIP	P. Harbor FL 34683	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	Valerie Bain	
STREET ADDRESS	1758 Pebble Hill Ct	
CITY-ST-ZIP	P. Harbor FL 34683	
TITLE	Treas	<input type="checkbox"/> Delete
NAME	John S. Edmons	
STREET ADDRESS	1758 Pebble Hill Ct	
CITY-ST-ZIP	P. Harbor FL 34683	
TITLE	Sec	<input type="checkbox"/> Delete
NAME	Valerie Bain	
STREET ADDRESS	1758 Pebble Hill Ct	
CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

John S. Edmons **John S. Edmons**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

727

781-6201

Daytime Phone #

CR2E034 (10/00)