

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED

Apr 12, 2001 8:00 am
Secretary of State

03-19-2001 90443 038 ***150.00

DOCUMENT # P00000047147

1. Entity Name

BENEFITS RESOURCE GROUP N.A., INC.

Principal Place of Business

Mailing Address

~~4700 SOUTH FEDERAL HIGHWAY #253~~
~~DELRAY BEACH FL 33483~~

~~1700 SOUTH FEDERAL HIGHWAY #253~~
~~DELRAY BEACH FL 33483~~

1251 Miller Avenue
Suite A
Winter Park, FL 32789

1251 Miller Avenue
Suite A
Winter Park, FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651006622

Applied For

Not Applicable

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

ORR, KENNETH

~~1700 SOUTH FEDERAL HIGHWAY #253~~
~~DELRAY BEACH FL 33483~~

1251 Miller Ave
Suite A
Winter Park FL 32789

Name

Lindy Rich Kuykendall

Street Address (P.O. Box Number is Not Acceptable)

1251 Miller Ave Suite A

City

Winter Park

FL

Zip Code

32789

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	☐ Delete
NAME	ORR, KENNETH	
STREET ADDRESS	1700 SOUTH FEDERAL HIGHWAY #253	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	COO	☐ Delete
NAME	Lindy Rich Kuykendall	
STREET ADDRESS	1251 Miller Avenue Suite A	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
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 119.07(3)(b), 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 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 #

3/12/01

407 5995000

CR2034 (10/00)