

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90003 046 ***158.75

DOCUMENT # P00000079984

1. Entity Name

TRUSTMARK PLAN ADMINISTRATION, INC.

Principal Place of Business

**3832 N UNIVERSITY DRIVE
 SUNRISE FL 33351**

Mailing Address

**3832 N UNIVERSITY DRIVE
 SUNRISE FL 33351**

2. Principal Place of Business

**1550 SAWGRASS CORP. PKWY
 SUITE 230
 SUNRISE FL**

3. Mailing Address

**1550 SAWGRASS CORP. PKWY
 SUITE 230
 SUNRISE FL**



DO NOT WRITE IN THIS SPACE

City & State
SUNRISE FL

Zip
33323

Country
USA

City & State
SUNRISE FL

Zip
33323

Country
USA

4. FEI Number
65-1032091

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWEITZER, AMNON
 3832 N UNIVERSITY DRIVE
 SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
**1550 SAWGRASS CORP. PKWY
 SUITE 230
 SUNRISE FL 33323**

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, 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

TITLE **D** ☐ Delete
 NAME **SCHWEITZER, AMNON**
 STREET ADDRESS **3832 N UNIVERSITY DRIVE**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete
 NAME **HAYMON, STEVEN**
 STREET ADDRESS **12655 NW 17TH PLACE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 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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 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)(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:

Steven Haymon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02 954-572-8228
 X 11

CR2E034 (9/01)