




NEW ADDRESS  
NEVER GOT

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91437 012 \*\*\*158.75

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # P01000013755</b>			
1. Entity Name <b>PREMIER BENEFITS CONSULTANTS, INC.</b>			
Principal Place of Business <b>9016 VILLA PORTOFINO CIRCLE BOCA RATON, FL 33496</b>		Mailing Address <b>9016 VILLA PORTOFINO CIRCLE BOCA RATON, FL 33496</b>	
2. Principal Place of Business <b>19143 SKYRIDGE CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>19143 SKYRIDGE CIRCLE</b> Suite, Apt. #, etc.	
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON, FL</b>	
Zip <b>33498</b>	Country <b>PBC</b>	Zip <b>33498</b>	Country <b>PBC</b>
4. FEI Number <b>65-1074133</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>TAX MANAGEMENT CORP C/O ANTHONY V. SALERNO 9016 VILLA PORTOFINO CIRCLE BOCA RATON, FL 33496</b>		7. Name and Address of New Registered Agent Name <b>NEW ADDRESS</b> Street Address (P.O. Box Number is Not Acceptable) <b>19143 SKYRIDGE CIRCLE</b> City <b>BOCA RATON FL</b> Zip Code <b>33498</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		DATE <b>4/15/03</b> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP SALERNO, ANTHONY V 9016 VILLA PORTOFINO CIR. BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO-P SALERNO, ANTHONY V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19143 SKYRIDGE CIRCLE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALERNO, ANTHONY V 9016 VILLA PORTOFINO CIR. BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALERNO, ANTHONY V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19143 SKYRIDGE CIRCLE BOCA RATON, FL 33498
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 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		ANTHONY V. SALERNO 4/15/03 (561) PRES-CEO 218-9323	