

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90029 011 ***150.00

DOCUMENT # P01000018259

1. Entity Name
CLAIMS AND BENEFITS SOLUTIONS INC.

Principal Place of Business
**2758 W ATLANTIC BLVD STE 35
POMPANO BEACH FL 33069**

Mailing Address
**2758 W ATLANTIC BLVD STE 35
POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

2758 W ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 26

City & State

City & State

POMPANO BEACH FL

Zip

Country

Zip

Country

33069

USA

4. FEI Number

65-1087357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEGAGNEUR, KETNY
426 LAKESIDE DR #248
MARGATE FL 33063**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 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

TITLE **D** ☐ Delete
NAME **LEGAGNEUR, KATTELYNE**
STREET ADDRESS **3101 CAPE DRIVE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete
NAME **LEGAGNEUR, KETNY**
STREET ADDRESS **426 LAKESIDE DR #248**
CITY-ST-ZIP **MARGATE FL 33063**

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 **CFO** ☐ Change ☒ Addition
NAME **WIDDELL DALRYMPLE**
STREET ADDRESS **3101 CAPE DRIVE**
CITY-ST-ZIP **MARGATE FL 33063**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WIDDELL DALRYMPLE

Date

7-19-02

Daytime Phone #

954-979-4540

CR2E034 (4/02)



Attachment 974340

**Claims & Benefits
Solutions**

PO 1000018259
2758 West Atlantic Blvd., Suite ~~200~~ 26
Pompano Beach, FL 33069
(954) 979-4540
Fax: (954) 978-1757
www.claimsandbenefitssolutions.com

August 2nd 2002

Florida Department of State
Division Of Corporations

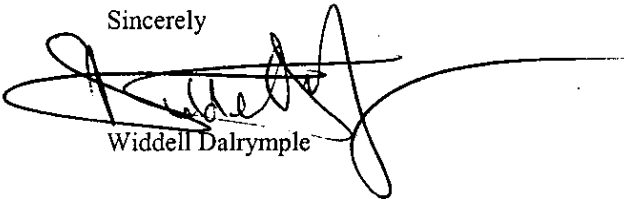
Re: 2002 Uniform Business Report

This letter is in regards to the 2002 Uniform Business Report. We did not receive the first form that was sent to us and were not aware that such a form was suppose to be completed. Therefore, we would like to request that the late fee be waived .

Enclosed is the \$150 for the Original Filing Fee.

Thanks for you understanding and now that we are aware of this Form and the filing date we will be very alert to it.

Sincerely



Widdell Dalrymple