

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90131 030 ***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 26
POMPANO BEACH FL 33069**



2. Principal Place of Business

2758 W ATLANTIC BLVD

Suite, Apt. #, etc.

26

City & State

Pompano Beach FL

Zip

33069

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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. ☐ **\$5.00** May Be Added to Fees

10. 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 **CFO** ☐ Delete

NAME **DALRYMPLE, WIDDELL**
STREET ADDRESS **3101 CAPE DRIVE**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP OF MARKETING** ☐ Change ☒ Addition

NAME **Jessica CHARLEMAGNE**
STREET ADDRESS **28 EAST 1ST STREET**
CITY-ST-ZIP **Howell, NJ 07731**

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

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WIDDELL DALRYMPLE 4-2-03

Date

Daytime Phone #

CR2E034 (10/02)