

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90361 003 ***150.00

DOCUMENT # P01000029752

1. Entity Name
FLEXIBLE BENEFITS, INC.



Principal Place of Business
**4772 W BOULEVARD
NAPLES FL 34103**

Mailing Address
**4772 W BOULEVARD
NAPLES FL 34103**

2. Principal Place of Business
2706 HORSESHOE DR. S.

3. Mailing Address
2706 HORSESHOE DR. S.

Suite, Apt. #, etc.
Suite 228

Suite, Apt. #, etc.
Suite 228

City & State
NAPLES FL

City & State
NAPLES FL

Zip Country
34104 USA

Zip Country
34104 USA

4. FEI Number **65-1085134**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LACOSTE, CLAUDE
4772 W BOULEVARD
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **LACOSTE, CLAUDE**

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

2706 HORSESHOE DR. S. Suite 228

City **NAPLES FL** Zip Code **34104**

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 **CLAUDE LACOSTE**

04/29/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LACOSTE, CLAUDE**
STREET ADDRESS **4772 W BOULEVARD**
CITY-ST-ZIP **NAPLES FL 34103**

☒ Change ☐ Addition
NAME **2706 HORSESHOE DR. S. Suite 228**
STREET ADDRESS **NAPLES FL 34104**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LACOSTE, ANN D**
STREET ADDRESS **4772 W BOULEVARD**
CITY-ST-ZIP **NAPLES FL 34103**

☒ Change ☐ Addition
NAME **2706 HORSESHOE DR. S. Suite 228**
STREET ADDRESS **NAPLES FL 34104**
CITY-ST-ZIP

TITLE ☐ Delete
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☐ 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 like empowered.

SIGNATURE: **CLAUDE LACOSTE** **04/29/03** **(239) 430-2553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)