

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90142 048 ***150.00

DOCUMENT # **P01000063526**

1. Entity Name

Tradesman Benefits Group

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

888 Winotree Way

Suite, Apt. #, etc.

3. Mailing Address

888 Winotree Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wellington FL

City & State

Wellington FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. FEI Number

65-1111674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL FESTA

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

888 Winotree Way

City

Wellington

FL

Zip Code

33414

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **President**
NAME **PAUL FESTA**
STREET ADDRESS **888 Winotree Way**
CITY-ST-ZIP **Wellington FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M**
NAME **Franz Streinesberger**
STREET ADDRESS **13352 N. UMBERLAND CIR**
CITY-ST-ZIP **Wellington FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **✓**
NAME **Michael Smith**
STREET ADDRESS **1030 Serenade Cir**
CITY-ST-ZIP **Royal Palm Bch FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Festa

Paul Festa

4/22/02

793-9398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #