

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

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90124 039 ***150.00

DOCUMENT # P01000066919

1. Entity Name

MYBENEFITSOURCE.COM, AGENCY OF FLORIDA, II

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3600 Mansell Rd.

3. Mailing Address

same as #2

Suite, Apt. #, etc.

Suite #500

Suite, Apt. #, etc.

City & State

Alpharetta, GA

City & State

4. FEI Number

59-3739304

Applied For

Not Applicable

Zip

30022

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Resident Agent Corp. of Pinellas Co

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

780 Tyrone Blvd.

St. Petersburg, FL

33710

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Please see the attached
list.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(678) 795-5700

Attachment
Document #

OFFICERS AND DIRECTORS OF MYBENEFITSOURCE.COM AGENCY, INC.

PO1000066919
12/5/2

PRINCIPAL OFFICERS

Name	Title	SSN	Business Address
Edward L. Cain, Jr.	CEO	362-82-3578	3600 Mansell Rd. Suite 500 Alpharetta, GA 30022
David M. Fiacco	President	109-42-8055	3600 Mansell Rd. Suite 500 Alpharetta, GA 30022
Janet Van Pelt	Treasurer	234-17-1961	3600 Mansell Rd. Suite 500 Alpharetta, GA 30022
Ann Moceyunas	Secretary	113-52-4623	3600 Mansell Rd. Suite 500 Alpharetta, GA 30022

DIRECTOR

Name	Title	SSN	Business Address
Edward L. Cain, Jr.	Sole Director	362-82-3578	3600 Mansell Rd. Suite 500 Alpharetta, GA 30022