


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-14-2003 90329 002 ***150.00

DOCUMENT # P01000067253

1. Entity Name
PRESTIGE EMPLOYEE BENEFITS & INSURANCE, INC.



Principal Place of Business
317 N.E. 36TH AVENUE
SUITE 2
OCALA FL 34470

Mailing Address
~~317 N.E. 36TH AVENUE~~
~~SUITE 2~~
OCALA FL 34470

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
111 N.E. 47 Court
Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
Ocala, FL

Zip
34470

Country
U.S.A

4. FEI Number 59-3736519

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MATHIS, JIMMY R
317 N.E. 36TH AVENUE
SUITE 2
OCALA FL 34470

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY - ST - ZIP	PD MATHIS, JIMMY R 317 N.E. 36TH AVENUE #2 OCALA FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MATHIS, NELL S 317 N.E. 36TH AVENUE #2 OCALA FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **7/14/2003** **352 694 11006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment *55052028*
#P0600067253
PRESTIGE EMPLOYEE BENEFITS & INSURANCE, INC.

317 N.E. 36TH AVENUE

OCALA, FL 34470

7/11/03

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

The purpose of this letter is to advise you that Prestige Employee Benefits & Insurance, Inc., (tax ID# 59-3736519) did not receive the prior notice for the \$150.00 annual fee for the Uniform Business report.

Enclosed is a check for \$150.00 for 2003 payment. Please advise if you need any additional information.

Please change mailing address to 111 N.E. 47th Court, Ocala, Fl. 34470.

Sincerely,



Jimmy R. Mathis

President

Prestige Employee Benefits & Ins. Inc.

P.S.

7-22-03

Spoke to a gentleman in your office today and he stated the above letter that I mailed you on 7-11-03 had been separated from the Uniform Business Report and you did not have the letter. He asked me to send the letter again + with a copy of the Uniform Business Report.
Thank you for your help.