

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State
 03-15-2002 90012 014 ***158.75

UNRECORDED AT

DOCUMENT # P01000118340

1. Entity Name
NATIONAL HEALTHBENEFITS, INC.

Principal Place of Business Mailing Address
603 MONRO STREET 603 MONRO STREET
CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920

2. Principal Place of Business 3. Mailing Address
603 Monroe Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Cape Canaveral
 Zip Country Zip Country
32920 BREVARD

4. FEI Number Applied For
593760908 Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145
 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.
 SIGNATURE **George F. Abchal** **2/28/02**
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABCHAL, GEORGE F		NAME	603 Monroe Avenue	
STREET ADDRESS	603 MONRO STREET		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHUMAN, RICHARD		NAME		
STREET ADDRESS	603 MONRO STREET		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSS, DAVID		NAME		
STREET ADDRESS	603 MONRO STREET		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **George F. Abchal** **2/28/02** **321**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CP2E034 (9/01)