

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90929 020 ***150.00

DOCUMENT # P02000071571

1. Entity Name

COVER-ALL BENEFITS, INC.



DO NOT WRITE IN THIS SPACE

90086381

2. Principal Place of Business

1200 Weston Rd.

3. Mailing Address

Suite, Apt. #, etc.

3rd Floor

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Weston, FL

City & State

4. FEI Number

11-3642478

Applied For

Not Applicable

33326

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Todd S. Payne, Esq.

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

4000 Hollywood Blvd.

Suite 400-North

City

Hollywood

FL

33021

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

TODD S. PAYNE

4/9/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P, S
NAME Margaret Ann Pearson
STREET ADDRESS 1 Bay Harbor Rd.
CITY-ST-ZIP Tequesta, FL 33469

TITLE R
NAME Raymonde Koper VP
STREET ADDRESS 1200 Weston Rd., 3rd FL
CITY-ST-ZIP Weston, FL 33326

TITLE Sec'y
NAME Natalie Clawson
STREET ADDRESS 1200 Weston Rd., 3rd FL
CITY-ST-ZIP Weston, FL 33326

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATALIE CLAWSON

DATE

Daytime Phone #

CR2E034B (12/02)