

FILED
May 08, 2003 8:00 am
Secretary of State

04-21-2003 90314 030 ***150.00

55038837



☒ CHECK HERE IF MAKING CHANGES

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)	
DOCUMENT # P02000074575	
1. Entity Name BENEFITGOLF, INC.	
Principal Place of Business 4930 AUGUSTA AVENUE OLDSMAR FL 34677	Mailing Address 4930 AUGUSTA AVENUE OLDSMAR FL 34677
<i>leave original address</i>	
2. Principal Place of Business 209 STATE ST. Suite, Apt. #, etc.	3. Mailing Address 209 STATE ST. Suite, Apt. #, etc.
City & State OLDSMAR FL	City & State OLDSMAR FL
Zip 34677	Country USA
4. FEI Number 56-2282565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, KEN 4930 AUGUSTA AVENUE OLDSMAR FL 34677	
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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<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	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> 3/10/03 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

CR2E034 (10/02)