2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P92000007020 1. Entity Name DISTINCTIVE BENEFITS OF FLORIDA, INC. 01-18-2000 90188 017 ***158.75 Principal Place of Business Mailing Address 422 S FLORIDA AVE P O BOX 503 STE A STF A 900634 AUBURNDALE FL 33823-0503 LAKELAND FL 33801 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3152241 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REVER, THEODORE E III Street Address (P.O. Box Number is Not Acceptable) 619 SOMERSET LOOP AUBURNDALE FL 33823 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Delete TITLE ☐ Addition TITLE NAME rever. Theodore e III NAME STREET ADDRESS 619 SOMERSET LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL **VPD** ☐ Change Addition Delete TITLE TITI F REVER, KATHLEEN A NAME NAME STREET ADDRESS STREET ADDRESS 619 SOMERSET LOOP CITY-ST-7IP CITY-ST-ZIP **AUBURNDALE FL 33823** Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition 7171F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-\$T-ZIP

THEODORE E. REVER

863-682-3172