

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012680

1. Entity Name

NATIONAL BENEFIT SERVICES, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90063 022 \*\*\*150.00

Principal Place of Business

2667 SW PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34953  
US

Mailing Address

2667 SW PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952-5921  
US

2. Principal Place of Business

1110 SE Strathmore Dr.

3. Mailing Address

1110 SE Strathmore Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

Port St. Lucie FL

Zip

Country

34952

Zip

Country

34952

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEGELMAN, MICHAEL J  
1585 MARIANA ROAD  
PORT ST. LUCIE FL 34952

Name

Michael J. Gegelman

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

1110 SE Strathmore Dr.

City

Port St. Lucie

FL

Zip Code

34952

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

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.

(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 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 **D** ☐ Delete  
NAME **GEGELMAN, MICHAEL J**  
STREET ADDRESS **1585 MARIANA ROAD**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/00 561-337-1070

CR2E034 (9/99)