

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90013 048 ***150.00

DOCUMENT # P94000047272

1. Entity Name

CUSTOMIZED BENEFITS, INC.

Principal Place of Business

**312 PARK AVE., NORTH
 SUITE A
 WINTER PARK FL 32789
 US**

Mailing Address

**312 PARK AVENUE, NORTH
 SUITE A
 WINTER PARK FL 32789
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3261128**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**HACKER, JAYNE S
 1451 CAVENDISH ROAD
 WINTER PARK FL 32289**

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

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 \$550.00

**After September 12, 2001 Fee will be \$750.00
 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

TITLE **SD** ☐ Delete
 NAME **HACKER, JAYNE S**
 STREET ADDRESS **1451 CAVENDISH ROAD**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **V** ☐ Delete
 NAME **HACKER, NANCY A**
 STREET ADDRESS **271 SHELL POINT E.**
 CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-13-01 407-644-5557

0010563
 AV

CR2E034 (5/01)

Affidavit
Customized Benefits Inc.

July 13, 2001

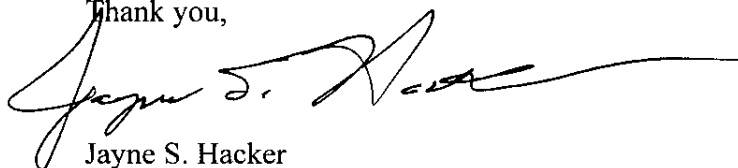
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it may concern:

Please be advised that this is the second time I have sent the 2001 uniform Business Report and check in the amount of \$150.00. It was originally sent on March 12th, 2001. I did verify that the check (check # 2283) had never been processed; therefore, I am once again sending a check and Uniform Business Report.

Please do not hesitate to call me if you have any questions.

Thank you,



Jayne S. Hacker
Sales Director