FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90098 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021012

1. Entity Name
Family Benefits, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1900 Oakdale Lane South
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Clearwater, FL
Zip: 33764 Country: USA

City & State
Zip Country

4. FEI Number: 59-3305260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Estelle M. Sheldon
Street Address (P.O. Box Number is Not Acceptable): 1900 Oakdale Lane South
City: Clearwater FL Zip Code: 33764

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CPSTD
NAME	Neal D. Sheldon
STREET ADDRESS	4096 Rivoli
CITY-ST-ZIP	Newport Beach, CA 92660
TITLE	V
NAME	Karen Mandilk
STREET ADDRESS	4096 Rivoli
CITY-ST-ZIP	Newport Beach, CA 92660
TITLE	Asst. Treasurer
NAME	Estelle M. Sheldon
STREET ADDRESS	1900 Oakdale Lane South
CITY-ST-ZIP	Clearwater, FL 33764
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: Karen Mandilk Vice President 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Karen Mandilk

Daytime Phone 727-531-6139