

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED REPORT

DOCUMENT # P95000021012

1. Entity Name

Family Benefits, Inc.

FILED

02 AUG 12 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/25/02--01061--024

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 OAKDALE LANE South

Suite, Apt. #, etc.

3. Mailing Address

1900 OAKDALE LANE South

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater, FL

Zip

33764

Country

USA

Zip

33764

Country

USA

4. FEI Number

59-3305260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
Estelle M. Sheldon
1900 OAKDALE LANE South
Clearwater FL 33764

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Estelle M. Sheldon - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/02 727-251-9155

Date

Daytime Phone #

CR2E034B (12/01)