

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

4/

04-09-2003 90103 022 \*\*\*150.00

<b>DOCUMENT # P95000021012</b>			
<b>1. Entity Name</b> <b>FAMILY BENEFITS, INC.</b>			
<b>Principal Place of Business</b> 1900 OAKDALE LANE SOUTH CLEARWATER FL 33764 US		<b>Mailing Address</b> 1900 OAKDALE LANE SOUTH CLEARWATER FL 33764 US	
<b>2. Principal Place of Business</b> 31 East MacArthur Crescent Suite, Apt. #, etc. B207 City & State South Coast Metro, CA Zip 92707 Country USA		<b>3. Mailing Address</b> 31 East MacArthur Crescent Suite, Apt. #, etc. B207 City & State South Coast Metro, CA Zip 92707 Country USA	
<b>4. FEI Number</b> 59-3305260		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SHELDON, ESTELLE M. 1900 OAKDALE LANE SOUTH CLEARWATER FL 33764		<b>7. Name and Address of New Registered Agent</b> Name: <u>Dijon Bellmare</u> Street Address (P.O. Box Number is Not Acceptable): <u>401 N.E. Mizner Blvd.</u> <u>T-202</u> City: <u>Boca Raton</u> FL Zip Code: <u>33432</u>	
<b>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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>4/23/03</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST SHELDON, ESTELLE M 1900 OAKDALE LANE SOUTH CLEARWATER FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST Sheldon, Estelle M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 31 East MacArthur Crescent - B207 South Coast Metro, CA 92707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHELDON, ESTELLE M 1900 OAKDALE LANE SOUTH CLEARWATER FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sheldon, Estelle M. 31 East MacArthur Crescent - B207 South Coast Metro, CA 92707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Estelle M. Sheldon		4/1/03 714-546-1647 <small>Date Daytime Phone</small>	

CR2ED34 (10/02)