

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**  
 02-07-2002 90053 037 \*\*\*150.00

**DOCUMENT # P95000023769**

**1. Entity Name**  
**BENEFIT CONSULTANTS OF SOUTH FLORIDA, INC.**

**Principal Place of Business**  
 1520 SAN CARLOS BAY DR  
 SANIBEL FL 33957  
 US

**Mailing Address**  
 1520 SAN CARLOS BAY DR  
 SANIBEL FL 33957  
 US

**2. Principal Place of Business**  
 14200 Royal Harbour Court (SAME)  
 Suite, Apt. #, etc.  
 # 704

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 SAME

**City & State**  
 FT. Myers, FL

**City & State**  
 SAME

**Zip**  
 33908

**Country**  
 U.S.A



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0568649 **Applied For**  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MILLER, SHARON E.**  
 1520 SAN CARLOS BAY DR  
 SANIBEL FL 33957

## 7. Name and Address of New Registered Agent

**Name** SAME  
**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** *Sharon E. Miller, President* **DATE** 1-21-02  
 (NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>VPS</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>MILLER, SHARON E</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>1520 SAN CARLOS BAY DR</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>SANIBEL FL</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>MILLER, SHARON E.</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>1520 SAN CARLOS BAY DR.</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>SANIBEL FL</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>CT</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>MILLER, RICHARD N.</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>1520 SAN CARLOS BAY DRIVE</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>SANIBEL FL</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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:** *Sharon E. Miller, Pres* **DATE** 1-21-02 **941-454-9447**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SHARON E. MILLER PRES** **Daytime Phone #**

CR2E034 (9/01)