

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90076 017 ***150.00

DOCUMENT # P95000096775

1. Entity Name
ASSOCIATION BENEFITS SOLUTIONS, INC.

Principal Place of Business

1929 BUFORD BLVD
TALLAHASSEE FL 32308
US

Mailing Address

P O BOX 13408
TALLAHASSEE FL 32317
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 13908

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

4. FEI Number

59-3362079

Applied For

Not Applicable

Zip

Country

Zip

Country

32317-3908 U.S.

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

TUTEN, JAMES T
1929 BUFORD BLVD
TALLAHASSEE FL 32308

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MULLINAX, ROBERT E**
STREET ADDRESS **3246 DUNGARVIN DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **V.P. MARKETING** ☒ Change ☐ Addition
NAME **Robert E. Mullinax**
STREET ADDRESS **1929 Buford Blvd.**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **D** ☒ Delete
NAME **ARTHUR, TERRY**
STREET ADDRESS **3338 BARROW HILL TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Robert E. Mullinax

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

850-671-1880

Daytime Phone #

CR2E034 (9/01)