

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024077

1. Entity Name

EMPLOYEE BENEFITS CONSULTING, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90026 016 ***150.00

Principal Place of Business

Mailing Address

3126 53RD AVE. E.
BRADENTON FL 34203
US

3126 53RD AVE E.
BRADENTON FL 34203-4311
US

2. Principal Place of Business

1111 3rd Ave W

3. Mailing Address

1111 3rd Ave W

Suite, Apt. #, etc.

160

Suite, Apt. #, etc.

160

City & State

Bradenton FL 34205

City & State

Bradenton FL 34205

Zip

34205

Country

Manatee

Zip

34205

Country

Manatee

4. FEI Number

65-0650718

Applied For

Not Applicable

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

FORD, PATRICK
6592 FAIRWAY GARDENS DR
BRADENTON FL 34203

Name
Patrick Ford

Street Address (P.O. Box Number is Not Acceptable)

2907 62nd Street W

City
Bradenton

FL

Zip Code
34209

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)

4/21/00
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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
FORD, PATRICK J
6592 FAIRWAY GARDENS DR
BRADENTON FL 34203 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2907 62nd Street w
Bradenton FL 34209 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SOTH, KATHLEEN
6592 FAIRWAY GARDENS DR
BRADENTON FL 34203 ☒ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 941-727-4600
Date Daytime Phone #

CR2E034 (9/99)