

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-26-2002 90151 015 ***150.00

DOCUMENT # P96000027070

1. Entity Name
REGIONAL BENEFITS, INC.

Principal Place of Business
**3821-B TAMiami-TRAIL
#103
PORT CHARLOTTE FL 33952**

Mailing Address
**P.O. BOX 495489
PORT CHARLOTTE FL 33949**



2. Principal Place of Business
AS ABOVE

3. Mailing Address
**POB 495489
Suite, Apt. #, etc.
PORT CHARLOTTE**

City & State

City & State
FL.

4. FEI Number
65-0653382

Applied For
Not Applicable

Zip Country

Zip Country
33949 CHARLOTTE

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

**SALVATI, VINCENT J
3821-B TAMiami TRAIL
#103
PORT CHARLOTTE FL 33952**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **02/09/02**

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 ☐ Delete
NAME **D. SALVATI, VINCENT J**
STREET ADDRESS **3821-B TAMiami TRAIL #103**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/02 94/6246229
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