

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90124 023 ***150.00

DOCUMENT # P97000003679

1. Entity Name

NATIONAL BENEFIT RESOURCES ADMINISTRATORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 S. Broad Street

3. Mailing Address

1000 S. Broad Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Brooksville

City & State
Brooksville

4. FEI Number

59-3421755

Applied For

Not Applicable

Zip

34601

County
Hernando

Zip

34601

County
Hernando

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name GERALD BAUM

Street Address (R.O. Box Number is Not Acceptable)
1000 S. Broad Street

City Brooksville

FL

Zip 34601

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
GERALD BAUM
1000 S. Broad Street
Brooksville, Fl. 34601

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD BAUM

7-10-2002

Date

352-544-5580

Daytime Phone: #

CR2E034B (12/01)

Attachment P97000003679
121528

NATIONAL BENEFIT RESOURCES ADMINISTRATORS, INC

1000 SOUTH BROAD STREET

BROOKSVILLE, FL. 34601

Telephone: (352) 544-5580

Facsimile: (352) 544-5855

July 11, 2002

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32303-1500

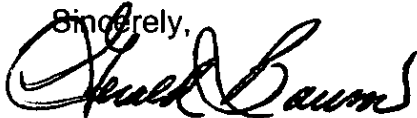
In re: Document #P97000003679

This is a request to please except our payment in the amount of \$150.00 for the above corporation.

As of this date, we have not received our Uniform Business Report form.

Thank you for your assistance in this matter, should you have any questions please feel free to call me.

Sincerely,



GERALD D. BAUM
President

GB:dam