7/7/2003-90143-040-$150.00-$150.00

FILED
03 AUG 13 AM 10: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003679

1. Entity Name
NATIONAL BENEFIT RESOURCES ADMINISTRATORS, INC.

Principal Place of Business	Mailing Address
1000 S BROAD STREET BROOKSVILLE, FL 34601	1000 S BROAD STREET BROOKSVILLE, FL 34601

[redacted]

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14378 Spring Hill Dr.	14378 Spring Hill Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill FL	City & State: Spring Hill FL
Zip: 34609 Country: U.S.	Zip: 34609 Country:

4. FEI Number 59-3421755 — 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
BAUM, GERALD 1000 S. BROAD STREET BROOKSVILLE, FL 34601	Name: BAUM GERALD Street Address (P.O. Box Number Is Not Acceptable): 14378 Spring Hill Drive City: Spring Hill FL Zip Code 34609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 8-6-03
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) Date

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. TITLE	OFFICERS AND DIRECTORS		11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST BAUM, GERALD 1000 S. BROAD STREET BROOKSVILLE, FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST Baum Gerald 14378 Spring Hill Dr. Spring Hill FL 34609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 8-6-03 352-544-8580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #