

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010791
 1. Entity Name
 Atlantic Benefit Consulting, Inc.

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90021 030 ***150.00

Principal Place of Business Mailing Address
 One Independent Dr. One Independent Dr.
 Ste 2901 Ste 2901
 Jacksonville, FL 32202 Jacksonville, FL 32202

950342

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country
 Jacksonville, FL 32202 Jacksonville, FL 32202

4. FEL Number Applied For
 59-3443615 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Sean Taylor
 One Independent Dr.
 Ste 2901
 Jacksonville, FL 32202

7. Name and Address of New Registered Agent
 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, 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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 D John H. Wilbur, Jr. One Independent Dr., Ste 2901 Jacksonville, FL 32202
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 D Sean K. Taylor One Independent Dr., Ste 2901 Jacksonville, FL 32202
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
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SIGN & DATE



13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: S. K. Taylor 4-25-00 904-354-3726
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)