

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**  
03-20-2001 90054 002 \*\*\*150.00

1. Entity Name  
**PLUS BENEFITS UNLIMITED, INC.**

11710 GRAN CRIQUE CT N  
JACKSONVILLE FL 32223  
US

Suite, Apt. #, etc.

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

City **ZELLWOOD**

FL Zip Code 32798

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, 2001 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	D
NAME	BUSSEY, HUBERT
STREET ADDRESS	11710 GRAN CRIQUE CT N
CITY - ST - ZIP	JACKSONVILLE FL 32223


 Delete

TITLE	D
NAME	BUSSEY, GLORIA
STREET ADDRESS	11710 GRAN CRIQUE CT N
CITY-ST-ZIP	JACKSONVILLE FL 32223

☐ Delete

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4506 SAD:ER ROAD	
CITY-ST-ZIP	ZELLWOOD, FL 32798	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4506 SADLER ROAD
CITY-ST-ZIP	ZELLWOOD, FL 32798

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

3/15/01 407 464 3883  
Date Daytime Phone #