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## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: ~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 20, 2001 8:00 am DOCUMENT # P97000029470 Secretary of State PLUS BENEFITS UNLIMITED, INC. 03-20-2001 90054 002 \*\*\*150.00 Principal Place of Business Mailing Address 11710 GRAN CRIQUE CT N 11710 GRAN CRIQUE CT N JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address 4506 SADLER ROAD 4506 SADLER ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3436807 ZELLWOOD, Not Applicable ZELLWOOD, Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32798 32798 SLOUDE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUSSEY, HUBERT akel, Daniel D Street Address (P.O. Box Number is Not Acceptable) 4506 SADLER ROAD 1 INDEPENDENT DR., STE. 2301 JACKSONVILLE FL 32202 CELLWOOD Zip Code 32798 his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation ligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing nent and elects to do so. 🐼 After MAY 1, 2001 Fee will be \$550.00 Tax filing requir Trust Fund Contribution. Added to Fees (See criteria back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Change Addition ☐ Delete TITLE TITLE BUSSEY, HUBERT NAME NAME 4506 SAD: ER ROAD 11710 GRAN CRIQUE CT N STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP CITY-ST-ZIP ZELLWOOD, FL 32798 Change ☐ Addition ☐ Delete TITLE TITLE BUSSEY, GLORIA NAME NAME STREET ADDRESS 11710 GRAN CRIQUE CT N STREET ADDRESS 4506 SADLER ROAD ZELLWOOD, FL JACKSONVILLE FL 32223 CITY-ST-ZIP CITY-ST-ZIP 32798 ☐ Change ☐ Addition TITLE ☐ Delete NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 ar frustee 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