

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90291 025 ***150.00

0636215
 SP

DOCUMENT # P97000029470

1. Entity Name

PLUS BENEFITS UNLIMITED, INC.

Principal Place of Business

Mailing Address

**4506 SADLER ROAD
 ZELLWOOD FL 32798
 US**

**4506 SADLER ROAD
 ZELLWOOD FL 32798
 US**



2. Principal Place of Business

1876 Coffee Pot Blvd NE
 Suite, Apt. #, etc.

3. Mailing Address

1876 Coffee Pot Blvd NE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Pete FL
 Zip Country

City & State

St. Pete FL
 Zip Country

4. FEI Number

59-3436807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BUSSEY, HUBERT
 4506 SADLER ROAD
 ZELLWOOD FL 32798**

7. Name and Address of New Registered Agent

Name **Bussey, Hubert**
 Street Address (P.O. Box Number is Not Acceptable)
1876 Coffee Pot Blvd NE
 City **St. Pete FL** Zip Code **33704**

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 **H.R. Bussey**
 Signature, typed or printed name of registered agent and title if applicable

President

2-11-02
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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** ☐ Delete
 NAME **BUSSEY, HUBERT**
 STREET ADDRESS **4506 SADLER ROAD**
 CITY-ST-ZIP **ZELLWOOD FL 32798**

TITLE **D** ☐ Delete
 NAME **BUSSEY, GLORIA**
 STREET ADDRESS **4506 SADLER ROAD**
 CITY-ST-ZIP **ZELLWOOD FL 32798**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Bussey, Hubert**
 STREET ADDRESS **1876 Coffee Pot Blvd NE**
 CITY-ST-ZIP **St. Pete, FL 33704**

TITLE ☒ Change ☐ Addition
 NAME **Bussey, Gloria**
 STREET ADDRESS **1876 Coffee Pot Blvd NE**
 CITY-ST-ZIP **St. Pete, FL 33704**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

H.R. Bussey / Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-04-02 (727) 510-1212
 Date Daytime Phone #

CR2E034 (9/01)