

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P970Q0044574**

1. Entity Name

T & D BENEFITS, INC.**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90045 019 ***150.00

Principal Place of Business

**592 SPRINGDALE CIRCLE
PALM SPGS FL 33461-1533**

Mailing Address

**592 SPRINGDALE CIRCLE
PALM SPGS FL 33461-1533**

2. Principal Place of Business

ATRIUM CIRCLE

3. Mailing Address

ATRIUM CIRCLE

Suite, Apt. #, etc.

2C

Suite, Apt. #, etc.

2C

City & State

ATLANTIS, FL

City & State

ATLANTIS, FL

Zip

33462

Country

USA

Zip

33462

Country

USA

4. FEI Number

65-0752465

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, LISA J
592 SPRINGDALE CIRCLE
PALM SPGS FL 33461**

7. Name and Address of New Registered Agent

Name

JANET L. DAVIS

Street Address (P.O. Box Number is Not Acceptable)

ATRIUM CIRCLE 2C**ATLANTIS, FL 33462**

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

JANET L. DAVIS**4/13/01**

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	P	<input type="checkbox"/> Delete
NAME	DAVIS, THOMAS E	
STREET ADDRESS	592 SPRINGDALE CIRCLE	
CITY-ST-ZIP	PALM SPGS FL 33461	

TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, LISA J	
STREET ADDRESS	592 SPRINGDALE CIRCLE	
CITY-ST-ZIP	PALM SPGS FL 33461	

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ATRIUM CIRCLE 2C	
CITY-ST-ZIP	ATLANTIS, FL 33462	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JANET L.	
STREET ADDRESS	ATRIUM CIRCLE 2C	
CITY-ST-ZIP	ATLANTIS, FL 33462	

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:

JANET L. DAVIS**4/13/01****561-641-6301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)