## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **P97000054806** Apr 24, 2000 8:00 am 1. Entity Name RESOURCE ONE BENEFITS CORPORATION Secretary of State 04-24-2000 90118 049 \*\*\*150.00 Mailing Address Principal Place of Business 10 FAIRWAY DRIVE 10 FAIRWAY DRIVE SHITE 303 SUITE 303 DEERFIELD BEACH FL 33441-1801 DEERFIELD BEACH FL 33441 Mailing Address Principal Place of Business Hilsboro Blud DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0762957 e. H. Beach Fi Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Change ☐ Addition ☐ Delete TITLE TITLE RHYMES, ROGER R NAME NAME STREET ADDRESS 10 FAIRWAY DR, STE 303 STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE SHIELDS, JULIE A NAME 10 FAIRWAY DR. STE 303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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.

Daytime Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR