

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90015 021 ***150.00

DOCUMENT # P97000101920	
1. Entity Name VEBA BENEFIT ADMINISTRATORS, INC.	
Principal Place of Business 5052 N. TAMiami TRIAL NAPLES FL 34103	Mailing Address 5052 N. TAMiami TRIAL NAPLES FL 34103
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Country	Zip
6. Name and Address of Current Registered Agent	
DEAVERS, DOUGLAS J	
5052 N. TAMiami TRIAL	
NAPLES FL 34103	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAVERS, DOUGLAS J 1823 PRINCESS CR NAPLES FL 34110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12.	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that my signature shall have the effect of the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	