## **FILED** Feb 19, 2003 8:00 am Secretary of State 02-19-2003 90025 023 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P97000108602

1. Entity Name

PROFESSIONAL BENEFIT CONSULTANTS, INC.



| S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Name  SIGNATURE  Signature of registered agent. or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNATURE  Signature, FEE IS \$150,00  After May, 2003 Fee with Bo \$550,00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  III.  ACOUNTIONS/CHANGES TO OFFICERS AND DIRECTORS  III.  ACOUNTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III.  ACOUNTIONS      | THOLEG                         | SOUTAL BEINEFIT COINSC   | DETAINTS, INC.                       |                                    |  |                                  |
|---|--------------------------------|--|--------------------------------------|------------------------------------|--|----------------------------------|
| Suite. Apt. # etc.   Suite. Apt. # etc.   City & State   City & City         | 4533 RIVERTON DR.              |  | 4533 RIVERTON DR.                    |                                    |  |                                  |
| Suite. Apt. # etc.   Suite. Apt. # etc.   City & State   City & City         |                                |  |                                      |                                    |  |                                  |
| City & State  Ci        | 2. Principal Place of Business |  | 3. Mailing Address                   |                                    | 1 1881/001 (10 181/) 1881/ 881// 881// 881//         | 88/8/ /8/18 8/// E8//S //B/ (88/ |
| City & State  City & State  City & State  Country  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Cartificate of Status District  See Required  See Required  Street Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  FL  Zip Code  FL  Zip        | Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.                  |                                    | ☐ CHECK HEBE IE MAKIN                                | G CHANGES                        |
| Service Library   Zip   Country   Zip   Country   S. Certificate of Status Desired   Se. 75 Additional Fee Required   See Requi          | City & State                   |  | City & State                         |                                    | A FEI Number   |                                  |
| S. Certificate of Situs Desired   St. Certificate of Situs Desired Agent  | Zio Combini                    |  |                                      |                                    | 59-3487567   | Not Applicable                   |
| S. Name and Address of Current Registered Agent  WAGONER, WANDA J 4893 RIVERTION DR.  ORLANDO FL 32817  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL State of Fronda. I am samilar with, and accept the obligators of registered agent, or both, in the State of Fronda. I am samilar with, and accept the obligators of registered agent agent and state of Fronda. I am samilar with, and accept the obligators of registered agent agent and state of Fronda. I am samilar with, and accept the obligators of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the obligators of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the obligators of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the following the frequency of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the fronda in a manufacture with a control of the frequency of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the fronda. I am samilar with, and accept the fronda. I am samilar with, and accept the frequency of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the frequency of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the frequency of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the frequency of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the frequency of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the frequency of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the frequency of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the frequency of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the frequency of registered agent. Or both, in the State of Fronda. I am samilar with, and accept the frequency of registered age        |                                | Country  | Zip                                  | Country                            | 5. Certificate of Status Desired                     |                                  |
| Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. Pive above name edentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent with a special property of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent with a special property of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations.  9. Election Campaign Financing  10. DAZE  11. ADDITIONS/CHANGES OFFICERS AND DIRECTORS IN 11  11. ADDITIONS/CHANGES OFFICERS AND DIRECTORS IN 11  12. ADDITIONS/CHANGES OFFICERS AND DIRECTORS IN 11  13. ADDITIONS/CHANGES OFFICERS AND DIRECTORS IN 11  14. ASS 38 RIVERTOR NO. ASS 3        |                                | 6. Name and Address of Curre   | ent Registered Agent                 |                                    | 7. Name and Address of New Registered                | •                                |
| ASS RIVERTON DR.  ORIANDO FI. 32817  City FL Zip Code  6. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I        | WAGONE                         | ED IMANIDA I   |                                      | Name -                             |  | -                                |
| City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title it applicable.  SIGNATURE  Signature, fixed or princid area of registered agent and title it applicable.  (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title it applicable.  SIGNATURE  Signature, fixed or princid area of registered agent and title it applicable.  SIGNATURE  Signature, fixed or princid area of registered agent and title it applicable.  (NOTE: Registered Agent signature required when revealing)  PLE LE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Signature Agent agent and title it applicable.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND SIGNATURE Agent agent and title it applicable.  Agent Agent Agent Agent Agent Agent Agent agent and title it applicable.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  MAKE  MAKE  MAKE  AGENT ADDRESS  CITY-ST-2P  Delete  TITLE  AGENT ADDRESS  CITY-ST-2P  Change Addition  NAME  SIRET ADDRESS  CITY-ST-2P  Change Addition  IN 11.  Change Addition  Change Addition  NAME  SIRET ADDRESS  CITY-ST-2P  Change Addition  NAME  SIRET ADDRESS  CITY-ST-2P  Change Addition  SIRET ADDRESS  CITY-ST-2P  Change Addition  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND AGENT AGENT AGENT AGE | -                              |  |                                      | Street Addres                      | ss (P.O. Box Number is Not Acceptable)               |                                  |
| 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. I am familiar with, and accept the obligations of registered agent.    SIGNATURE  |                                |  |                                      |                                    |  |                                  |
| 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. I am familiar with, and accept the obligations of registered agent.    SIGNATURE  |                                | -<br>  |                                      | City                               | pm.1   | Zin Code                         |
| SIGNATURE   Signaturus, tyrend or printed name of registered agent and tise if applicable. (NOTE Pegistered Agent signature recurred when revisating)   Part  |                                |  | t for the purpose of changing its    | 1 -                                |  | <b>■ !</b>                       |
| FILE NOW!!! FEE IS \$15.0.00 After May 1, 2003 Fee will be \$55.0.00 Make Check Payable to Florida Department of State  10.   | the obliga                     | tions of registered agent.   | tion the purpose of changing its     | registered diffice or regis        | stered agent, or both, in the State of Florida. I am | familiar with, and accept        |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INILE MAKE SITERET ADDRESS CITY-ST- ZIP  AGAING SIRRET ADDRESS CITY-ST- ZIP        | SIGNATURE                      |  |                                      |                                    |  |                                  |
| After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10.  |                                | Signature, typed or printed name of registered ago                   | ent and title if applicable. (NOT    | E: Registered Agent signature requ | uired when reinstating) DATE                         | <del></del>                      |
| Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  VAME  WAGONER, WANDA J.  4533 RIVERTION DR.  ORLANDO FL 32817  ORLANDO FL 32817  Delete  ITILE  MAME  STREET ADDRESS  OTTY-ST-ZIP  OTTY-ST-ZIP  ITILE  MAME  STREET ADDRESS  OTTY-ST-ZIP  OTTY-ST-ZIP  ITILE  MAME  STREET ADDRESS  OTTY-ST-ZIP  OT        |                                |  |                                      |                                    | 9. Election Campaign Financing                       | ¢= 00                            |
| TITLE WAGONER, WANDA J. 4533 RIVERTON DR. ORLANDO FL 32817  IDENTIFY ST-ZIP  IDENTIFY ST-ZIP  IDENTIFY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  IDENTIFY ADDRESS CITY-S        | MILE                           | r may 1, 2003 Fee will be \$550.0<br>k Payable to Florida Department | of State                             | ,                                  |  | Added to Fees                    |
| MAGONER, WANDA J.   STREET ADDRESS   S          | 10.                            | OFFICERS AN  | ID DIRECTORS                         | 11.                                | ADDITIONS/CHANGES TO OFFICERS AND                    | DIRECTORS IN 11                  |
| STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP   | TITLE                          | 1 -  | ☐ Delete                             | TITLE                              |  |                                  |
| CITY-ST-ZIP  ORLANDO FL 32817  ORLAND        |                                | WAGUNER, WANDA J.  |                                      |                                    |  |                                  |
| NAME STREET ADDRESS S        | CITY-ST-ZIP                    |  |                                      |                                    |  |                                  |
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| AME  IREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  | CITY-ST-ZIP                    | <u> </u>   |                                      |                                    |  |                                  |
| AME IREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP  | TILE                           |  | ☐ Delete                             | TITLE                              |  | ☐ Change ☐ Addition              |
| TY-ST-ZIP CITY-ST-ZIP   |                                |  |                                      |                                    |  |                                  |
|   | ITY-ST-ZIP                     |  |                                      |                                    |  |                                  |
| · · · · · · · · · · · · · · · · · · ·   |                                | ertify that the information supplied with                            | th this filling does not qualify for |                                    | Postion 110.07/2V() 71-14- 0                         |                                  |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

WAGALIS ED SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR