

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90335 024 ***150.00

DOCUMENT # P98000017237

1. Entity Name

COMPENSATION BENEFITS, INC. ✓

Principal Place of Business

701 U.S. Highway ONE
 SUITE 200
 NORTH PALM BEACH, FL
 33408

Mailing Address

701 U.S. Highway ONE
 SUITE 200
 NORTH PALM BEACH, FL
 33408

A0027427

2. Principal Place of Business

701 U.S. Highway ONE
 Suite, Apt. #, etc.
 SUITE 200
 City & State
 NORTH PALM BEACH, FL

3. Mailing Address

701 U.S. Highway ONE
 Suite, Apt. #, etc.
 SUITE 200
 City & State
 NORTH PALM BEACH, FL

DO NOT WRITE IN THIS SPACE

City & State

NORTH PALM BEACH, FL

City & State

NORTH PALM BEACH, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33408

Country

U.S.A.

Zip

33408

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARRIS, GEORGE E.
 11380 PROSPERITY FARMS ROAD, SUITE 201
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

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

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

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	D	<input type="checkbox"/> Delete
NAME	STEPHENS, SAM A.	
STREET ADDRESS	701 U.S. Highway ONE, SUITE 200	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUGGAN, ALAN N.	
STREET ADDRESS	701 U.S. Highway ONE, SUITE 200	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSON, DALE	
STREET ADDRESS	701 U.S. Highway ONE, SUITE 200	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
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 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
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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:

Alan N. Duggan ALAN N. DUGGAN 2-8-2001 561-840-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)