FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90046 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053555

1. Entity Name
UNIVERSAL BENEFITS, INC.

90100662

Principal Place of Business	Mailing Address
~~4825 TERRAPIN CT~~	~~4825 TERRAPIN CT~~
~~MELBOURNE BEACH, FL 32951~~	~~MELBOURNE BEACH, FL 32951~~

2. Principal Place of Business	3. Mailing Address
5053 NW 70th AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA FL	City & State
Zip: 34482 Country: USA	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3526199 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILL, REX D	Name
~~4825 TERRAPIN CT~~	Street Address (P.O. Box Number is Not Acceptable)
~~MELBOURNE BEACH, FL 32951~~	
5053 NW 70th AVE	
OCALA FL 34482	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible] FEE IS $150.00 [illegible] After May 1, 2003 Fee will be $550.00 [illegible] Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PD ☐ Change ☐ Addition
NAME	HILL, REX	NAME	HILL, REX
STREET ADDRESS	~~4825 TERRAPIN CT~~	STREET ADDRESS	5053 NW 70th AVE
CITY-ST-ZIP	~~MELBOURNE BEACH, FL 32951~~	CITY-ST-ZIP	OCALA FL 34482
TITLE	VP ☐ Delete	TITLE	VP ☐ Change ☐ Addition
NAME	DANIEL, JANE M	NAME	DANIEL, JANE
STREET ADDRESS	~~4825 TERRAPIN CT~~	STREET ADDRESS	5053 NW 70th AVE
CITY-ST-ZIP	~~MELBOURNE BEACH, FL 32951~~	CITY-ST-ZIP	OCALA FL 34482
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rex D. Hill — 4-19-03 — 352-622-3432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #