

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

DOCUMENT # P98000075087

1. Entity Name
BENEFIT MARKETING & ASSOCIATES, INC.



FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90138 049 ***150.00

Principal Place of Business
1301 RIVERPLACE BLVD.,STE.2255
JACKSONVILLE FL 32207

Mailing Address
1301 RIVERPLACE BLVD.,STE.2255
JACKSONVILLE FL 32207



2. Principal Place of Business
6161 Arlington Expressway
Suite, Apt. #, etc.
Jacksonville FL 32211
City & State

3. Mailing Address
6161 Arlington Expressway
Suite, Apt. #, etc.
JACKSONVILLE FL 32211
City & State

☒ CHECK HERE IF MAKING CHANGES

Zip Country
DUVAL

Zip Country
DUVAL

4. FEI Number 59-3520210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LABRATO, JOSEPH M
1301 RIVERPLACE BLVD.,STE.2255
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6161 Arlington Expressway
City JACKSONVILLE FL Zip Code 32211

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME LABRATO, JOE
STREET ADDRESS 1301 RIVERPLACE BLVD.,STE.2255
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE D
NAME MAURER, DOUG
STREET ADDRESS 1301 RIVERPLACE BLVD.,STE.2255
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 6161 Arlington Expressway
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 6161 Arlington Expressway
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

7/7/03 901 3286440

CR2E034 (10/02)