

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90880 042 \*\*\*150.00

**DOCUMENT # P99000013476**

1. Entity Name  
**BENEFITS PLUS OF JACKSONVILLE, INC.**

Principal Place of Business      Mailing Address  
**1857 WELLS ROAD**      **1857 WELLS ROAD**  
**UNIT 210**      **UNIT 210**  
**ORANGE PARK FL 32073**      **ORANGE PARK FL 32073-2340**

2. Principal Place of Business      3. Mailing Address  
**3536 UNIVERSITY BLVD N**      **3536 UNIVERSITY BLVD N**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 256**      **SUITE 256**

City & State      City & State  
**JACKSONVILLE, FLORIDA**      **JACKSONVILLE, FL**  
 Zip      Country      Zip      Country  
**32277**      **USA**      **32277**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-355-7739**       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  
**SPIEGEL & UTRERA, P.A.**      Name  
**343 ALMERIA AVENUE**      Street Address (P.O. Box Number is Not Acceptable)  
**CORAL GABLES FL 33134**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	SINK, SHERRILL R	NAME	
STREET ADDRESS	1857 WELLS ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VST	TITLE	
NAME	SINK, MARY B	NAME	
STREET ADDRESS	1857 WELLS ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE: **4/28/2000** DAYTIME PHONE #: **904-762-0504**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR