

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90121 034 ***150.00

DOCUMENT # P99000067231

1. Entity Name
GROUPBENEFICA, INC.

Principal Place of Business

**5812 OSCEOLA PL.
TAMPA FL 33604**

Mailing Address

**5812 OSCEOLA PL.
TAMPA FL 33604**

2. Principal Place of Business

17301 Estes Road

Suite, Apt. #, etc.

3. Mailing Address

17301 Estes Road

Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Lutz FL

4. FEI Number

59-3591760

Applied For

Not Applicable

Zip

33548

Country

USA

Zip

33548

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, KEVIN M
5812 OSCEOLA PL
TAMPA FL 33604**

7. Name and Address of New Registered Agent

Name **Kevin M Thompson**

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

17301 Estes Road

City **Lutz**

FL

Zip Code

33548

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

Kevin M Thompson

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

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, 2002 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 **VP** ☐ Delete
NAME **THOMPSON, LISA C**
STREET ADDRESS **5812 OSCEOLA PL**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
NAME **LISA C. Thompson**
STREET ADDRESS **17301 Estes Road**
CITY-ST-ZIP **Lutz, FL 33548**

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

TITLE ☐ Change ☐ Addition
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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:

Kevin M Thompson President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 813-948-2213

Date

Daytime Phone #

CR2E034 (9/01)