2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000076133

Entity Name: RSA BENEFITS, INC.

City-St-Zip:

PALM BEACH GARDENS, FL 33410

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4800 RIVERSIDE DR, SUITE 102 PALM BEACH GARDENS, FL 33410				4800 RIVERSIDE DR SUITE 102 PALM BEACH GARDENS, FL 33410		
Current Mailing Address:				New Mailing Address:		
4800 RIVERSIDE DR, SUITE 102 PALM BEACH GARDENS, FL 33410				4800 RIVERSIDE DR SUITE 102 PALM BEACH GARDENS, FL 33410		
FEI Number	: 65-0953303	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
505 SOÚT	HORNTON M H FLAGLER [LM BEACH, F	DRIVE, SUITE 1100				
	named entity e of Florida.	submits this statement for the p	purpose o	f changing its registe	red office or registered agent, or both,	
SIGNATUI	RE:					
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SELLERS, RO 4800 RIVERSI) Delete N DE DR, SUITE 102 GARDENS, FL 33410		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SELLERS, RO 4800 RIVERSI) Delete N DE DR, SUITE 102 GARDENS, FL 33410		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SELLERS, BE) Delete N DE DR. SUITE 102		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RON SELLERS PCEO 04/30/2003