

DOCUMENT # P990000094828

1. Entity Name

BENEFITS RESOURCE GROUP, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90280 008 ***150.00

Principal Place of Business

811 NW 1ST AVENUE
DELRAY BEACH FL 33444

Mailing Address

811 NW 1ST AVENUE
DELRAY BEACH FL 33444-3907

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0957022

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ORR, KENNETH R
 604 ALLEN AVENUE, STE. D
 DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

KENNETH R. ORR

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

811 N.W. FIRST AVENUE

City

DELRAY BEACH

FL

Zip Code

33444

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

Kenneth R. Orr

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

(NOTE: Registered Agent signature required when reinstating)

1/13/2000

DATE

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

TITLE **D** ☐ Delete
 NAME **ORR, KENNETH R**
 STREET ADDRESS **604 ALLEN AVENUE, STE. D**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ORR, KENNETH** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **811 NW FIRST AVENUE**
 CITY-ST-ZIP **DELRAY BEACH, FL. 33444**

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

3. 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:

Kenneth R. Orr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000

Date

561-
719-1856

Daytime Phone #

CR2E034 (9/99)