

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43623

1. Entity Name

BENEFITS MANAGEMENT SERVICES, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90075 024 ***158.75

Principal Place of Business

Mailing Address

1516 SEAGULL DRIVE
#309
PALM HARBOR FL 34684
US

2519 McMULLEN BOOTH RD.
SUITE 510-244
CLEARWATER FL 33761-4173
US

2. Principal Place of Business

2519 McMULLEN BOOTH ROAD

3. Mailing Address

2519 McMULLEN BOOTH ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 510

SUITE 510-342

City & State

City & State

CLEARWATER, FL

CLEARWATER, FL

Zip

Country

Zip

Country

33761

PINELLAS

33761

PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANFORD, MARY L
1516 SEAGULL DRIVE
#309
PALM HARBOR FL 34684

Name

MARY L. STANFORD

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

737 PINELLAS BAYWAY #208

City

ST. PETERSBURG

FL

Zip Code

33715

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

Mary L. Stanford PRESIDENT (MARY L. STANFORD)

3/15/00

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	STANFORD, MARY L.	
STREET ADDRESS	1516 SEAGULL DRIVE #309	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Asst/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY L. STANFORD	
STREET ADDRESS	737 PINELLAS BAYWAY #208	
CITY-ST-ZIP	ST. PETERSBURG, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Mary L. Stanford PRESIDENT (MARY L. STANFORD)

Date

3/15/00

Daytime Phone #

(727) 906-9004

CR2E034 (9/99)