

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90034 040 ***158.75

DOCUMENT # S43623

1. Entity Name

BENEFITS MANAGEMENT SERVICES, INC.

Principal Place of Business

**2519 MCMULLEN BOOTH RD
 STE 510
 CLEARWATER FL 33761
 US**

Mailing Address

**2519 MCMULLEN BOOTH RD
 STE 510
 CLEARWATER FL 33761
 US**

2. Principal Place of Business

4934 EAGLE COVE SOUTH DR.

3. Mailing Address

4934 EAGLE COVE SOUTH DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

4. FEI Number

59-3078288

Applied For

Not Applicable

Zip

34685

Country

PINELLAS

Zip

34685

Country

PINELLAS

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

STANFORD, MARY L

4934 EAGLE COVE SOUTH DR

PALM HARBOR FL 34685

Name

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

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

Mary L. Stanford, President (MARY L. STANFORD)

3-13-02

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, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPST
 STANFORD, MARY L.
 4934 EAGLE COVE SOUTH DR
 PALM HARBOR FL 34685**

☐ Delete

TITLE
 NAME
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☐ Change ☐ Addition

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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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)