

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 17, 2001 8:00 am**
Secretary of State05-17-2001 90247 001 *****8.75
05-17-2001 90247 002 ***150.00

0339433

DOCUMENT # S91696

1. Entity Name

SIG EMPLOYEE BENEFITS, INC.

Principal Place of Business

**220 EAST MADISON STREET
SUITE 722
TAMPA FL 33602
US**

Mailing Address

**220 EAST MADISON STREET
SUITE 722
TAMPA FL 33602
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1967478**Applied For
Not Applicable5. 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

**SINADINOS, GREGORY J
220 EAST MADISON ST
SUITE 700
TAMPA FL 33602**

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 _____

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, 2001 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 **PVTS** ☐ Delete
NAME **SINADINOS, GREGORY J**
STREET ADDRESS **2934 W KNIGHTS AVE**
CITY-ST-ZIP **TAMPA FL 33617**TITLE **PVS** ☒ Change ☐ Addition
NAME **Sinadinos, Gregory J.**
STREET ADDRESS **220 East Madison St. #700**
CITY-ST-ZIP **Tampa, FL 33602**TITLE **T** ☐ Delete
NAME **DWYER, DENISE M**
STREET ADDRESS **243 KATHENNE BLVD 5204**
CITY-ST-ZIP **PALM HARBOR FL 34684**TITLE **T** ☒ Change ☐ Addition
NAME **Dwyer Denise M**
STREET ADDRESS **5418 - 19th Ave N.**
CITY-ST-ZIP **St. Petersburg, FL 33702**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-01 813-228-7800

Date

Daytime Phone #

CR2E034 (10/00)