

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90656 026 ***158.75

0419407 AV

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**

80063575



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1211 N. West Shore Blvd

Suite, Apt. #, etc.

600

City & State

Tampa FL

Zip **33607**

Country **USA**

3. Mailing Address

1211 N. West Shore Blvd

Suite, Apt. #, etc.

Sk 600

City & State

Tampa FL

Zip **33607**

Country **USA**

4. FEI Number

58-1967478

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINADINOS, GREGORY J

220 EAST MADISON ST

SUITE 700

TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **Gregory J. Sinadinos**

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

1211 N. West Shore Blvd #600

City **Tampa**

FL

Zip Code **33607**

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

4/4/02

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PVTS** ☐ Delete
NAME **SINADINOS, GREGORY J**
STREET ADDRESS **220 EAST MADISON ST #700**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **T** ☐ Delete
NAME **DUYER, DENISE M**
STREET ADDRESS **5418-19TH AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

4/4/02 813-228-7800

Date

Daytime Phone #

CR2E034 (9/01)