

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90970 036 ***150.00

DOCUMENT # V54657

1. Entity Name
ROBERTS BENEFIT GROUP, INC.



Principal Place of Business
**4400 HWY 20 EAST
SUITE 408
NICEVILLE FL 32578
US**

Mailing Address
**4400 HWY 20 EAST
SUITE 408
NICEVILLE FL 32578
US**

2. Principal Place of Business
1845 E JOHN SIMS PKWY

3. Mailing Address
1845 E JOHN SIMS PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NICEVILLE, FL

City & State
NICEVILLE, FL

4. FEI Number
65-0320964

Applied For
Not Applicable

Zip
32578

Country
US

Zip
32578

Country
US

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

**ROBERTS, DONALD
4400 HWY 20 EAST
SUITE 408
NICEVILLE FL 32578**

Name
Street Address (P.O. Box Number is Not Acceptable)
1845 E JOHN SIMS PKWY

City **NICEVILLE** FL Zip Code **32578**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald Roberts*
Signature, typed or printed name of registered agent and title if applicable.

DONALD L. ROBERTS
(NOTE: Registered Agent signature required when reinstating)

2/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** Delete
NAME **ROBERTS, DONALD L**
STREET ADDRESS **4400 HWY 20 EAST, STE 408**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE Change Addition
NAME
STREET ADDRESS **1845 E JOHN SIMS PKWY**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **VP** Delete
NAME **BILSKER, ROBERT**
STREET ADDRESS **9825 W SAMPLE RD STE 206**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD L. ROBERTS

2/28/03 **850-897-8234**
Date Daytime Phone #

CR2E034 (10/02)