

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-16-2002 90037 013 ***150.00

DOCUMENT # P97000073798

1. Entity Name
ALPHA BENEFIT CONSULTING, INC.

Principal Place of Business
**6825 GULF OF MEXICO DRIVE
 LONGBOAT KEY FL 34228**

Mailing Address
**6825 GULF OF MEXICO DRIVE
 LONGBOAT KEY FL 34228**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0777208

Applied For
 Not Applicable

Zip Country

Zip Country

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

**FIORE, SUSAN D
 6825 GULF OF MEXICO DR
 LONGBOAT KEY FL 34228**

Name **Frank A Fiore SUSAN D Fiore**
 Street Address (P.O. Box Number if Not Acceptable)
6825 Gulf of Mexico Dr
Longboat Key FL 34228
 City **FL** Zip Code

Susan D. Fiore President

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]* *J.P. President* DATE **5/3/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD FIORE, SUSAN D 6825 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	<input type="checkbox"/>		
	<input type="checkbox"/>		
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CR2E034 (9/01)

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]* DATE **5/3/02** DAYTIME PHONE # **941-383-3360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan D. Fiore, President