

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90152 041 ***150.00

DOCUMENT # P99000022455



1. Entity Name
ALTERNATIVE BENEFIT CONCEPTS, INC.

Principal Place of Business
**7061 S TAMiami TRAIL SUITE 110
SARASOTA FL 34231-5559**

Mailing Address
**7061 S TAMiami TRAIL SUITE 110
SARASOTA FL 34231-5559**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3562876**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**GARDI, LES CPA
7061 S TAMiami TRAIL SUITE 110
SARASOTA FL 34231-5559**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VPD	<input type="checkbox"/> Delete
NAME	MAGRADY, PATRICK J	
STREET ADDRESS	845 LAMP CT	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCUDDY, MARY ANN	
STREET ADDRESS	6111 WHITE OAK DR	
CITY-ST-ZIP	FLOWERY BRANCH GA 30542	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 407 330 0881
Date Daytime Phone #

CR2E034 (10/02)

Attachment #

LES GARDI CPA, PA

80063660

99900022455
Accounting Tax & Consulting Service

7061 S. Tamiami Trail • Suite 110 • Sarasota, FL. 34231

TEL(941)925-2099 • FAX (941)927-2099

Email: LGardiCPA@yahoo.com

To: Alternative Benefit Concepts, Inc.

Date: 3-17-03

The attached 2003 Uniform Business Report (UBR) should be signed, dated and mailed by an officer in the attached envelope to:

**Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL. 32302-1500**

Enclose your check for **\$150.00** made payable to **Florida Department of State**.

Due Date: **May 1, 2003**

After May 1, 2003 Filing Fee increases to \$550.00