

# 2002 UNIFORM BUSINESS REPORT (UBR)

0081331 AV

**DOCUMENT # P01000056061**  
 1. Entity Name  
**ALBERT HOUSE HOLDINGS, INC.**

FILED

02 OCT 14 AM 9:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 1403 S.E. 8 COURT  
 DEERFIELD BEACH FL 33441

Mailing Address  
 1403 S.E. 8 COURT  
 DEERFIELD BEACH FL 33441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number  
 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  
**BLANTON, FREDERICK M**  
**1403 S.E. 8 COURT**  
**DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLANTON, ALEXANDER J 5777 E. EVANS #109 DENVER CO 80222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHROEDER, HARRIET 132 W. MOUNTAIN ROAD RIDGEFIELD CT 06877 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAZZARRESE, DORIS P 845 TOWN FARM ROAD WARREN MA 01083 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \*\*\*\*\*158.75 \*\*\*\*\*158.75

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: A J Blanton RE FAC J Blanton 8-8-02 1-303-478-6381

CR2E034 (4/02)

**FREDERICK MARSH BLANTON, M.D.**  
Diplomate American Board of Ophthalmology  
Physician-Scientist-Thinker  
Research Scientist

1403 SE 8<sup>th</sup> Ct.  
Deerfield Beach, FL 33441

Tel-954-596-2660  
Fax-954-596-2660

E-mail-  
mblanton@ameribiz.net

Sirs:

Our copy of the Uniform Business Report did not reach us until October 4, 2002. In accordance with a telephone conversation with one of your employees I am sending you the UBR, together with a check for \$158.75. \$150.00 is the filing fee, and \$8.75 is for a Certificate of Status.

Thank you for your interest and help,

Frederick Marsh Blanton, M.D