

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91511 003 \*\*\*150.00

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

**DOCUMENT # P02000042695**

1. Entity Name  
**ADVANCED BENEFITS SYSTEMS, INC.**

Principal Place of Business  
~~3862A CENTRAL AVE~~  
~~ST. PETERSBURG, FL 33711~~

Mailing Address  
~~3862A CENTRAL AVE~~  
~~ST. PETERSBURG, FL 33711~~



2. Principal Place of Business

3. Mailing Address

Mark Pugliano  
 4485 Glenbrook Dr.  
 Palm Harbor, FL 34683

Mark Pugliano  
 4485 Glenbrook Dr.  
 Palm Harbor, FL 34683

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number  
**82-0541984**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PUGLIANO, MARK**  
~~3862A CENTRAL AVE~~  
~~ST. PETERSBURG, FL 33711~~

7. Name and Address of New Registered Agent

Mark Pugliano  
 4485 Glenbrook Dr.  
 Palm Harbor, FL 34683

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 **4-24-03**

Signature, typed or printed name of registered agent and date of registration. (NOTE: Registered Agent's 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PUGLIANO, MARK E</b> <del>3862A CENTRAL AVE</del> <del>ST. PETERSBURG, FL 33711</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PUGLIANO, DIANE</b> <del>3862A CENTRAL AVE</del> <del>ST. PETERSBURG, FL 33711</del>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Pugliano 4485 Glenbrook Dr. Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diane Mark Pugliano 4485 Glenbrook Dr. Palm Harbor, FL 34683	<input checked="" 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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: DATE **4-24-03** TIME **7:27-413-9969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)