

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000132757

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: AFFORDABLE BENEFITS SOLUTIONS CORP

**Current Principal Place of Business:**

10505 LARISSA ST.  
ORLANDO, FL 32821

**New Principal Place of Business:**

**Current Mailing Address:**

10505 LARISSA ST.  
ORLANDO, FL 32821

**New Mailing Address:**

FEI Number: 02-0658989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHNEIDER, FABIANA J  
10505 LARISSA ST.  
ORLANDO, FL 32821 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Change (X) Addition  
Name: SCHNEIDER, FABIANA J  
Address: 10505 LARISSA STREET  
City-St-Zip: ORLANDO, FL 32821

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIANA SCHNEIDER

PD

04/29/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date