

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90068 026 \*\*\*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 34228-1307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0777208**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**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

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>FIORE, SUSAN D</b>	
STREET ADDRESS	<b>6825 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:** *Susan D. Fiore* **SUSAN D. FIORE, president** *04/02/2000* **941-383-3360**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/99)