


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90183 042 ***150.00

DOCUMENT # P98000006357	
1. Entity Name ALTERNATIVE TRAINING PHILOSOPHY, INC.	

Principal Place of Business 245-B WORTH AVENUE, STE. B PALM BEACH FL 33480	Mailing Address 1801 N. FLAGLER DRIVE #234 WEST PALM BEACH FL 33407
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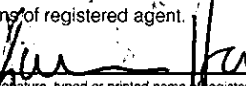


2. Principal Place of Business	3. Mailing Address 780 S. Sapodilla Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #214
City & State	City & State West Palm Beach FL
Zip	Country 33401 USA

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent HADER, KAREN L 1801 N. FLAGLER DRIVE #234 WEST PALM BEACH FL 33407	
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7. Name and Address of New Registered Agent Name Karen L. Hader Street Address (P.O. Box Number is Not Acceptable) 780 S. Sapodilla Avenue #214 City West Palm Beach FL Zip Code 33401	
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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

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HADER, KAREN #214 1801 N. FLAGLER DRIVE 780 S. Sapodilla Ave. WEST PALM BEACH FL 33407 33401 <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
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	<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

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.	
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E034 (10/02)