

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000067657**

Entity Name

AMERICAN BENEFIT INSTITUTE, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90126 034 ***158.75

Principal Place of Business

**2287 W. EAU GALLIE BLVD., SUITE B
MELBOURNE FL 32935**

Mailing Address

**2287 W. EAU GALLIE BLVD., SUITE B
MELBOURNE FL 32935**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3525058

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FRESE, GARY B
930 S HARBOR CITY BLVD, STE 505
MELBOURNE FL 32901****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**1. OFFICERS AND DIRECTORS**

FILE NAME STREET ADDRESS CITY-ST-ZIP	1. OFFICERS AND DIRECTORS	DELETE
D HUFF, GEORGE C 2287 W EA GALLIE BLVD., SUITE B MELBOURNE FL 32935	<input type="checkbox"/>	Delete
D HIGGINS, ROBERT M 2287 W EAU GALLIE BLVD., SUITE B MELBOURNE FL 32935	<input type="checkbox"/>	Delete
	<input type="checkbox"/>	Delete
	<input type="checkbox"/>	Delete
	<input type="checkbox"/>	Delete
	<input type="checkbox"/>	Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)