

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State
 05-16-2000 90180 049 ***150.00

DOCUMENT # P99000001935

1. Entity Name
ALBET MANAGEMENT, INC.

Principal Place of Business Mailing Address
 245 E. VIRGINIA ST. 245 E. VIRGINIA ST.
 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-1263

2. Principal Place of Business 3. Mailing Address
 725 Creative Drive P.O. Box 7075

Suite, Apt. #, etc. Suite, Apt. #, etc.
 A-9

City & State City & State
 Lakeland, Florida Lakeland, Florida 33809

Zip Country Zip Country
 33813 Polk 33807-7075 Polk

4. FEI Number Applied For
59-3550615 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

LEVINE, MARK S
 245 E. VIRGINIA ST.
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **Al Seyfer**
 Street Address (P.O. Box Number is Not Acceptable)
725 Creative Drive, Suite A-9
 City **Lakeland** State **FL** Zip Code **33813-2504**

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 _____ DATE **4/6/00**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:
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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEO/President/ Treasurer
STREET ADDRESS	Al Seyfer
CITY-ST-ZIP	725 Creative Drive, Suite A-9 Lakeland, Florida 33813
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President/Secretary
STREET ADDRESS	Betty Seyfer
CITY-ST-ZIP	725 Creative Drive, Suite A-9 Lakeland, Florida 33813
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ DATE **4/6/2000** DAYTIME PHONE # **888-640-7648**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)