

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90054 035 ***150.00

DOCUMENT # P99000001935
 1. Entity Name
ALBET MANAGEMENT, INC.

Principal Place of Business
725 CREATIVE DRIVE
A-9
LAKELAND FL 33813

Mailing Address
PO BOX 7075
LAKELAND FL 33807

2. Principal Place of Business
132 Lake Beulah Drive
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 7075
 Suite, Apt. #, etc.

City & State
Lakeland, FL 33815-4528

City & State
Lakeland, FL 33807-7075

Zip
33815-4528

Country
Polk

Zip
33807-7075

Country
Polk

4. FEI Number **59-3550615**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SEYFER, AL
725 CREATIVE DRIVE
SUITE A-9
LAKELAND FL 33813

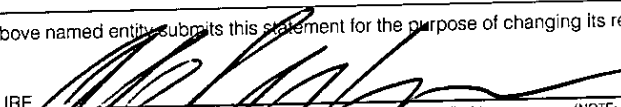

7. Name and Address of New Registered Agent

Name
Al Seyfer

Street Address (P.O. Box Number is Not Acceptable)
132 Lake Beulah Drive

City **Lakeland** State **FL** Zip Code **33815-4528**

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 

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.

(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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEPT SEYFER, AL 725 CREATIVE DRIVE, STE A-9 LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SEYFER, BETTY 725 CREATIVE DRIVE, STE A-9 LAKELAND FL 33813	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 132 Lake Beulah Drive Lakeland, Florida 33815-4528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 132 Lake Beulah Drive Lakeland, Florida 33815-4528
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Al Seyfer** DATE  (863) 686-3629 Daytime Phone #

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2F034 (9/01)



DO NOT WRITE IN THIS SPACE