

FILED
Jul 06, 2001 8:00 am
Secretary of State

06-18-2001 90002 026 ***150.00
07-06-2001 90200 017 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013180

1. Entity Name

AFFILIATE SERVICES, INC.

Principal Place of Business

Mailing Address

866 S.W. 9TH ST CIRCLE
#105
BOCA RATON FL 33486

866 S.W. 9TH ST CIRCLE
#105
BOCA RATON FL 33486

2. Principal Place of Business

6080 GLENDALE DR

Suite, Apt. #, etc.

3. Mailing Address

6080 GLENDALE DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

Zip
33433

Country

City & State

BOCA RATON, FL

Zip
33433

Country

4. FEI Number

65-0748284

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, D B
866 S.W. 9TH ST CIRCLE
#105
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

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, 2001 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 **P** Delete
NAME **SMITH, DAVID BRYAN**
STREET ADDRESS **866 SW 9TH ST CIR**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 files empowered.

SIGNATURE:

David Bryan Smith **DAVID BRYAN SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01 **561-394-3513**

Date

Daytime Phone #

7-3-01

OFF P9760013180
BU5584

I'm sorry this was late. I work
out of the house & I just moved, this
got lost in the shuffle. Any chance of
waving the late fee?

BRYAN SMITH