

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90716 031 \*\*\*150.00

**DOCUMENT # 678359**

1. Entity Name

**A.F.C. SYSTEMS, INCORPORATED**

Principal Place of Business

**8020 E BROADWAY  
 TAMPA FL 33619  
 US**

Mailing Address

**8020 E BROADWAY  
 TAMPA FL 33619-2212  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2011904**

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

**ANDERSON, DAVID T.  
 5622 ROCKFIELD 600  
 VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name **ANDERSON, DAVID T.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5202 SAND TRAP PLACE**  
 City **VALRICO** FL Zip Code **33594**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO ANDERSON, ROBERT T 821 WHITE HERON BLVD. RUSKIN FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ANDERSON, DAVID T 5622 ROCKFIELD LOOP VALRICO FL 33594</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVP ANDERSON, JEFFERY C 5802 MILEY ROAD PLANT CITY FL</b>	<input checked="" 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	<b>CEO ANDERSON, DAVID T. 5202 SAND TRAP PLACE VALRICO, FL 33594</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LAHAYTE, RICHARD 5405 W. ANNE AVE. N., TRC TAMPA, FL 33604</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO MITCHELL, DAVID D. 10046 COLONNADA DR. TAMPA, FL 33647</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY PETERSON, JILL 6218 FOX LUN TRAIL APOLLO BEACH, FL 33572</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO ANDERSON, ROBERT T. 821 WHITE HERON BLVD. RUSKIN, FL</b>	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(813)622-7834

Telephone #

CR2E034 (9/99)