

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24201**

1. Entity Name

AFM-RRH LIMITED

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Principal Place of Business 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER FL 33756 US	Mailing Address 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER FL 33756 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002	
4. FEI Number 59-2864581	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLYNN MANAGEMENT CORPORATION 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER FL 33756		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$341,506.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000016564 AFM ONE, INC. 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER FL 33756-3302	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	J020000103717 -03/14/02--01027--008 ****535.00 ****535.00
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if I were the owner of the business; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **Thomas F. Flynn** **2/28/02** **727-449-1182**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0013919 AT

CR2E003 (9/01)

STAPLE CHECK HERE