2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # J13033 1. Entity Name AFABE, INC.					FILED Jan 08, 2002 8:00 am Secretary of State 01-08-2002 90030 017 ***150.00			
10550 DEAL	ce of Business RD. F MYERS FL 33917	Mailing Address 10550 DEAL RD. NORTH FORT MYERS FL	33917			111 818 11 818 11 818 11 818 11		
	Place of Business DEAL RO # atc.	3. Mailing Address 10,500 D (AL RI	<u> </u>	DO NOT WRITE			
City & Sta N . F	H.MYERS FL Country E	City & State N. Ft. MYE	RS, FL Country		FEI Number 59-2670777 Certificate of Status Desired		oplied For of Applicable ditional	
10550 DE DEAL RO NORTH F	6. Name and Address of Current CLAUDIA C. EAL-RD. AD NORTHEAST FORT MYERS FL 33917 Penamed entity submits this statement for		City N	CAL ddress (P.O. 500	Name and Address of New Reg DIA CHEROLOGY BOX Number is Not Acceptable) MYERS gent, or both, in the State of Florid	FL Zig Cod	[°] 9/ <i>7</i>	
9. This corp	Signature, typed or printed name of registered agent a oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)			50.00	10. Election Campaign Finan Trust Fund Contribution.	~ _ ~	May Be	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEDRAL, CLAUDIA C. 10550 DEAL RD. NORTH FT MYERS FL	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR		CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEDRAL, JAMES F. 10550-DEAL-RD. NORTH FT MYERS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1050	DEAL RD	∑ Change	Addition	CRZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, where the control of th	wered to execute this report a ith all other like empowered.	s required by Cha	pter 607, Flor	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath ida Statutes; and that my name ap	ther certify that the in t; that I am an officer opears in Block 11 or	nformation or director Block 12 if	