

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90134 012 ***150.00

DOCUMENT # L15397

1. Entity Name
AFFORDABLE INC.



Principal Place of Business
934 41ST AVE NE
ST PETE FL 33703
US

Mailing Address
934 41 ST AVE NE
ST PETE FL 33703
US

90012238



2. Principal Place of Business

4707 140th Ave N
Suite, Apt. #, etc.
109

3. Mailing Address

4707 140th Ave N
Suite, Apt. #, etc.
109

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33762

Country

USA

Zip

33762

Country

USA

4. FEI Number

59-2969648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

JOHNSON, LEWIS JERALD
934 41ST AVE NE
ST PETE FL 33703

7. Name and Address of New Registered Agent

Name **Randall Arthur**
Street Address (P.O. Box Number is Not Acceptable) **1455 Whisper Wind Ln**
City **Oldsmar** **FL** **Zip Code** **34677**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **JOHNSON, LEWIS JERALD**
STREET ADDRESS **934 41ST AVE NE**
CITY-ST-ZIP **ST PETE FL**

TITLE **D** ☒ **Delete**
NAME **JOHNSON, PHYLLIS MARIE**
STREET ADDRESS **934 41 ST AVE NE**
CITY-ST-ZIP **ST PETE FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT/OWNER** ☒ **Change** ☒ **Addition**
NAME **ARTHUR, RANDALL**
STREET ADDRESS **4707 140th Ave N #109**
CITY-ST-ZIP **Clearwater, FL 33762**

TITLE **Arthur, Rand** ☐ **Change** ☒ **Addition**
NAME
STREET ADDRESS **4707 140th Ave N #109**
CITY-ST-ZIP **Clearwater, FL 33762**

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)