

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90009 025 ***150.00

DOCUMENT # **L90910**
1. Entry Name **A1 AFFORDABLE INSURANCE AGENCY INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6409 BLANDING Blvd
Suite, Apt. #, etc.

3. Mailing Address
6409 BLANDING Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville FL

City & State
Jacksonville, FL

4. FEI Number
59-3015916
Applied For
Not Applicable

Zip
32244
Country **US**

Zip
32244
Country **US**

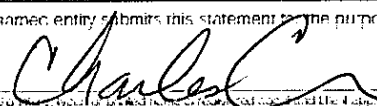
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CHARLES CROUSE**
Street Address (P.O. Box Number is Not Acceptable)
1324 HALFMOON TRAIL
City **Jacksonville** **FL** Zip Code **32258**

8. The above named entry submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  Pres **CHARLES CROUSE** **4-30-02**
By filing this report, the filer certifies that the information is true and correct and that the filer is the owner or authorized representative of the corporation.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

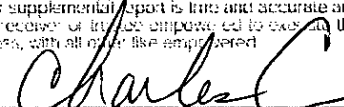
10. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHARLES CROUSE Pres. 1324 HALFMOON TRAIL Jax, FL 32258	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(g), 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 "1" of an attachment with an address, with all other like empowered.

SIGNATURE:  Pres **4-30-02** **CHARLES CROUSE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **904-971-9777**

CR2E03AB (12/01)