

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002257

1. Entity Name

AFFORDABLE STRUCTURES OF GEORGIA, LLC

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90382 040 ****50.00

Principal Place of Business

P.O. BOX 88470
ATLANTA GA 30356

Mailing Address

P.O. BOX 88470
ATLANTA GA 30356

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2562423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH FL 33139

Name

Michael L Adams

Street Address (P.O. Box Number is Not Acceptable)

1044 St Croix Ave

City

Apopka

FL

Zip Code

32703

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)

4-2-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ADAMS, MICHAEL L
1044 ST. CROIX AVE.
APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
TANSILL, PAUL C
5429 TWIN CREEKS DR.
VALRICO FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Change ☐ Addition

11. 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 made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael L Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4-2-2002

Daytime Phone #

352
742 7488

CR2E083 (9/01)