

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003172

1. Entity Name

AMERICA'S FUTURE, INC.



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90101 044 ****61.25

Principal Place of Business

198 ARORA BLVD
APT 1401
ORANGE PARK FL 32073
US

Mailing Address

198 ARORA BLVD
APT 1401
ORANGE PARK FL 32073-3286
US

2. Principal Place of Business

198 Arora blud

Suite, Apt. #, etc.

Apt 1401

City & State

Orange Park Fla

Zip

32073

Country

CLAY

3. Mailing Address

198 Arora blud

Suite, Apt. #, etc.

Apt 1401

City & State

Orange Park Fla

Zip

32073

Country

CLAY



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3337775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYKINS, STEVEN

198 ARORA BLVD

APT 1401

ORANGE PARK FL 32073

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

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

(NOTE: Registered Agent signature required when reinstating)

Aug 15, 2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME BOYKINS, STEPHEN C
STREET ADDRESS 198 ARORA BLVD
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete
NAME JACOBS, LAURA
STREET ADDRESS 198 ARORA BLVD
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete
NAME PRINCE, CONSTANCE
STREET ADDRESS 198 ARORA BLVD
CITY-ST-ZIP ORANGE PARK FL 32073

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 10

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 617, 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:

Stephen Boykins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 15, 2000 (904) 213-0193
Date Daytime Phone #

CR2E037 (9/99)