

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000002788**

1. Entity Name

AFFORDABLE HOMES & FINANCE, INC.**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 91094 045 ***158.75

Principal Place of Business

~~2000 14TH STREET N., SUITE 24~~
~~NAPLES FL 34103~~

Mailing Address

~~2000 14TH STREET N., SUITE 24~~
~~NAPLES FL 34103~~

2. Principal Place of Business

12425 COLLIER BLVD

Suite, Apt. #, etc.

106

City & State

NAPLES FL

Zip

34116

Country

USA

3. Mailing Address

12425 COLLIER BLVD

Suite, Apt. #, etc.

106

City & State

NAPLES, FL.

Zip

34116

Country

USA

4. FEI Number

65-0977294

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, PAUL E~~2000 14TH STREET N., SUITE 24~~
~~NAPLES FL 34103~~

7. Name and Address of New Registered Agent

Name

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

12425 COLLIER BLVD**STE #106**

City

NAPLES**FL**

Zip Code

34116

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)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, PAUL E	
STREET ADDRESS	12425 COLLIER BLVD #106	
CITY-ST-ZIP	NAPLES, FL. 34116	

TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, MARTHA C	
STREET ADDRESS	12425 COLLIER BLVD #106	
CITY-ST-ZIP	NAPLES, FL. 34116	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-01 (941) 434-8686

Daytime Phone #

CR2E034 (10/00)