

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

05-29-2003 90138 026 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000012273

1. Entity Name
AFFORDABLE INSURANCE RESTORATION, INC.



Principal Place of Business
3208-C E. COLONIAL DRIVE
ORLANDO, FL 32803-5121

Mailing Address
3208-C E. COLONIAL DRIVE
ORLANDO, FL 32803-5121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3622668

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALAFI, PWOTE
3208-C E. COLONIAL DRIVE
ORLANDO, FL 32803-5121

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

SIGNATURE

Signature, typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent's signature required when terminating)

DATE

FILE NOW! FEES \$150.00
Any May 1, 2003 Fee will be \$50.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

D
MALAFI, PWOTE
3208-C E. COLONIAL DRIVE
ORLANDO, FL 32803-5121

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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]

6/27/03

Date

Certified Phone #

CRS034 (10/02)