

# 2001 UNIFORM BUSINESS REPORT (UBR)

2

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90035 013 \*\*\*150.00

**DOCUMENT # P00000063902**

1. Entity Name

**AFFORDABLE LIVING, INC.**

Principal Place of Business

Mailing Address

6034 W TENNESSEE ST  
TALLAHASSEE FL 32304

6034 W TENNESSEE ST  
TALLAHASSEE FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEN Number

**59-3672731**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MESSER, CHRISTINE G**  
**6034 W TENNESSEE ST**  
**TALLAHASSEE FL 32304**

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

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

(NOTE: Registered Agent signature required when re-registering)

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 ☐ Delete

**D**  
**MESSER, CHRISTINE G**  
**6034 WEST TENNESSEE ST.**  
**TALLAHASSEE FL 32304**

TITLE ☐ Delete

**D**  
**MESSER, CHARLOTTE**  
**6034 WEST TENNESSEE ST.**  
**TALLAHASSEE FL 32304**

TITLE ☐ Delete

**D**  
**THOMPSON, CARRIE M**  
**6034 WEST TENNESSEE ST.**  
**TALLAHASSEE FL 32304**

TITLE ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

**V**  
**Watson, Terinda**  
**6034 W. Tennessee St.**  
**Tallahassee FL 32304**

TITLE ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE**  
**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:

*Charlotte Messer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-7-01**  
Date

**575-8092**  
Daytime Phone #

CR2E034 (10/00)