2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 29, 2001 08:00 AM P00000094568 DOCUMENT # 1. Entity Name **Secretary of State** AFFORDABLE #1, INC. Principal Place of Business Mailing Address 2828 COUNTY BARN RD 2828 COUNTY BARN RD NAPLES FL NAPLES FL 34112 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1048437 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JESELLA JAMES 2828 COUNTY BARN RD Street Address (P.O. Box Number is Not Acceptable) NAPLES FL34112 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. JAMES J. JESELLA 04/29/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Addition CR2E034 (11/00) MAME NAME LASKY-JESELLA STREET ADDRESS STREET ADDRESS 2828 COUNTY BARN RD. CITY-ST-ZIP CITY-ST-ZIP NAPLES ☐ Delete TITLE ☐ Change NAME RANDALL SCOTT NAME STREET ADDRESS 3431 12TH AVE NE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34120 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition JESELLA JAMES NAME STREET ADDRESS 2828 COUNTY BARN RD STREET ADDRESS CITY-ST-ZIP NAPLES 34112 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Susan D. Lasky Jesella 04/29/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR