

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90133 013 \*\*\*150.00

**DOCUMENT # P01000007782**

1. Entity Name

**ASSOCIATED FLORIDA SERVICES INC.**

Principal Place of Business

**3725 SHERWOOD BLVD  
 DELRAY BEACH FL 33445**

Mailing Address

**3725 SHERWOOD BLVD  
 DELRAY BEACH FL 33445**

2. Principal Place of Business

**3725 SHERWOOD BLVD**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DELRAY BEACH**

City & State

**1**

Zip

**33445**

Country

**FLORIDA**

Zip

**8**

Country

4. FEI Number

**Applied for**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUNKER, SCOTT  
 3725 SHERWOOD BLVD  
 DELRAY BEACH FL 33445**

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 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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **D** ☐ Delete  
 NAME **DUNKER, SCOTT A**  
 STREET ADDRESS **3725 SHERWOOD BLVD**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

*10 July 2002*

*904 629-3145*

CR2E034 (4/02)

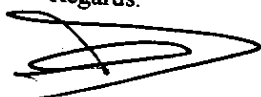
Attachment PO1000007782

8 July 2002

To Whom It May Concern,  
From Associated Florida Services  
Scott Dunker

I recently received a notice to pay \$550.00 for my URB. I am sorry to say that I did not receive the first notice to pay my URB for \$150 or I would of done so promptly. Please accept this check for \$150.00 as payment in full. This is my first full year as an incorporated business. In the future I will look out for your invoice for payment.

Regards.



Scott Dunker

Pres, 12-00