

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90070 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021598			
1. Entity Name <i>Affinity Data Management, Inc</i> ✓			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2200 Tall Pines Drive Suite, Apt. #, etc.		3. Mailing Address 2200 Tall Pines Drive Suite, Apt. #, etc.	
City & State Largo, Florida		City & State Largo, Florida	
Zip 33711	Country USA	Zip 33711	Country USA
4. FEI Number 59-3759593		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name A. Edward McGinty			
Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Boulevard			
Suite 2800			
City Tampa		FL Zip Code 33602	
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 fee is applicable. (NOTE: Registered Agent signature required when reissuance)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Scott G. Roix 2200 Tall Pines Drive Largo, Florida 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres./CFO/COO/Secretary Robert Poitras 2200 Tall Pines Drive Largo, Florida 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Robert Poitras</i>		April 29, 2002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034B (12/01)