

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90150 014 ***150.00

DOCUMENT # PD1000002884

1. Entity Name

Affordable Improvements

DO NOT WRITE IN THIS SPACE

642087

2. Principal Place of Business

621 Siesta Key Circle

3. Mailing Address

621 Siesta Key Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3218

3218

City & State

City & State

Deerfield Beach FL

Deerfield Beach FL

Zip

Zip

33441

Country

Country

USA

33441

USA

4. FEI Number

651130959

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JERRY M. SYROP

Street Address (P.O. Box Number is Not Acceptable)

10043 WILES ROAD #224

City

Coral Springs

FL

Zip Code

33076-2041

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President
NAME Henry Von Hagen
STREET ADDRESS 621 Siesta Key Circle #3218
CITY-ST-ZIP Deerfield Beach FL 33441

TITLE Secretary / Treasurer
NAME Rachel Von Hagen
STREET ADDRESS 621 Siesta Key Circle #3218
CITY-ST-ZIP Deerfield Beach FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Rachel A Von Hagen RACHEL A VON HAGEN 4-17-02 954 425 7038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)