

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90102 030 ***158.75

0008006 AV

DOCUMENT # P01000111804

1. Entity Name

AFFORDABLE INSTANT STRUCTURES, INC.



Principal Place of Business

**6820 BENJAMIN ROAD SUITE 5
TAMPA FL 33634**

Mailing Address

**6820 BENJAMIN ROAD SUITE 5
TAMPA FL 33634**

2. Principal Place of Business

11317 Georgetown Circle P.O. Box 260037

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33635

Country

USA

Zip

33685-0037

Country

USA

4. FEI Number

59-3699709

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GOLDWITZ, DAVID

**6820 BENJAMIN ROAD SUITE 5
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name

David Goldwitz

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

11317 Georgetown Circle

City

Tampa

FL

Zip Code

33635

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

David Goldwitz

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

David Goldwitz

(NOTE: Registered Agent signature required when reinstating)

09/10/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GOLDWITZ, DAVID**
STREET ADDRESS **6820 BENJAMIN ROAD SUITE 5**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

David Goldwitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/03 813 767 0762

Date

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT

80147821 09/10/03

To Whom It May Concern

I did not ^{receive} the prior notice (that I
am aware of). Should you have any questions
please call. 813-767-0762. Thank you
in advance and kindest regards.

P01000111804

David GoldwITZ

David GoldwITZ
President