

2002 UNIFORM BUSINESS REPORT (UBR)

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

07-17-2002 90133 004 ***550.00

DOCUMENT # P01000111839

1. Entity Name

AMERICAN FAMILY AGENCIES, INC.

Principal Place of Business

**3549 1ST STREET EAST
 BRADENTON FL 34208-4400**

Mailing Address

**3549 1ST STREET EAST
 BRADENTON FL 34208-4400**

DU129047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8501 N. Florida Ave

3. Mailing Address

8501 N. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa FL

Tampa FL

City & State

City & State

Zip

Country

33604

Hillsborough

Zip

Country

33604

Hillsborough

4. FEI Number

59-3756879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DRAPEAU, MICHAEL ROBERT
 3549 1ST STREET
 BRADENTON FL 34208-4400**

7. Name and Address of New Registered Agent

Name **Michael R. Drapeau**
 Street Address (P.O. Box Number is Not Acceptable)
8501 N. Florida Ave
 City **Tampa** FL Zip Code **33604**

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 **Michael R. Drapeau**

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 **PVST** ☐ Delete
 NAME **DRAPEAU, MICHAEL ROBERT**
 STREET ADDRESS **3549 1ST STREET EAST**
 CITY-ST-ZIP **BRADENTON FL 34208-4400**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **President**
 STREET ADDRESS **Richard C. Fieca**
 CITY-ST-ZIP **8501 N. Florida Ave
 Tampa FL 33604**

TITLE ☒ Change ☐ Addition
 NAME **up**
 STREET ADDRESS **Michael R. Drapeau**
 CITY-ST-ZIP **8501 N. Florida Ave
 Tampa FL 33604**

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

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

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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 another like empowered.

SIGNATURE: **Michael R. Drapeau**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-102

Date

813-477-8465

Daytime Phone #

CR2E034 (4/02)