

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90228 040 ***150.00

DOCUMENT # P02000064065

1. Entity Name
A & F HOMES, INC.



Principal Place of Business
12065 METRO PKEY STE 101
FT MYERS FL 33912

Mailing Address
12065 METRO PKEY STE 101
FT MYERS FL 33912

2. Principal Place of Business
15065 McGregor Blvd.
Suite, Apt. #, etc.
#102

3. Mailing Address
P.O. Box 08177
Suite, Apt. #, etc.

City & State
FT. MYERS, FL.

City & State
FT. MYERS, FL.

Zip 33908 **Country** USA

Zip 33908 **Country** USA

4. FEI Number
02-0616532

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

FLAHERTY, MICHAEL J
4820 SHERRY LANE
FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name Same
Street Address (P.O. Box Number is Not Acceptable) 15065 McGregor Blvd.
Suite #101
City Fort Myers **FL** **Zip Code** 33908

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD NAME FLAHERTY, MICHAEL J STREET ADDRESS 4820 SHERRY LANE CITY-ST-ZIP FT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE SD NAME APEL, GREG L J STREET ADDRESS 560 HIGHALDN PARK CITY-ST-ZIP CORAL VILLE IA 52241	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD NAME FLAHERTY, M.J. STREET ADDRESS 15065 McGregor Blvd, #102 CITY-ST-ZIP FT. MYERS, FL. 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael J. Flaherty* **3/27/03** **239-940-5991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)