

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90072 031 ***150.00

DOCUMENT # **P02000077791** ✓

1. Entity Name
AF FORDABLE RADATIONS INC.
15642 Countyline RD Spring htn FL 34610



DO NOT WRITE IN THIS SPACE

10091469

2. Principal Place of Business
15642 Countyline RD
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.
Same

City & State
Spring htn FL.

City & State
FL

4. FEI Number
01-0737209

Applied For
Not Applicable

Zip
34610

Country
USA

Zip
11

Country
11

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROGER G Hech

Street Address (P.O. Box Number is Not Acceptable)
15642 Countyline RD

City **Spring htn FL** Zip Code **34610**

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

4-28-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Dies
ROGER G Hech
15642 Countyline RD Spring htn FL 34610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Date **4-28-03** Daytime Phone #

CR2E034B (12/02)