

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90997 003 ***158.75

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1. Entity Name

AFFINITY INTERNATIONAL MORTGAGE LOAN AND INVESTMENTS, INC.



Principal Place of Business

**2495 ENTERPRISE ROAD
SUITE 201
CLEARWATER FL 33763**

Mailing Address

**2495 ENTERPRISE ROAD
SUITE 201
CLEARWATER FL 33763**

2. Principal Place of Business

3636 W. Kennedy Blvd.

Suite, Apt. #, etc.

3. Mailing Address

8441 Boxwood Drive

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

TAMPA, FL.

City & State

TAMPA, FL.

4. FEI Number

22-3865399

Applied For

☐ Not Applicable

Zip

33609

Country

HILLSBOROUGH

Zip

33615

Country

HILLSBOROUGH

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REED, DONALD P

100 SECOND AVENUE SOUTH

SUITE 200-S

ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(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
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT & DIRECTOR** ☐ Delete
NAME **CARMAN M. CONTRAS**
STREET ADDRESS **8441 Boxwood Drive**
CITY-ST-ZIP **TAMPA, FL. 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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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 **CARMAN M. CONTRAS** **CARMAN M. CONTRAS - President** **04/22/03 (813) 870-6820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)