

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90198 034 ***150.00

DOCUMENT# P02000083226

1. Entity Name

AFFIRMATIVE PRODUCTS INC.



DO NOT WRITE IN THIS SPACE

11033267

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3960 OAK TRIAL RUN3. Mailing Address
P O BOX 290372Suite Apt. #, etc.
APT 3302

Suite Apt. #, etc.

City & State
PORT ORANGE FLCity & State
PORT ORANGE FL4. FEI Number
11-3646553Applied For
Not ApplicableZip Country
32127 USZip Country
32129 US5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JUSTIN BLAKEStreet Address (P.O. Box Number is Not Applicable)
3960 OAK TRIAL RUN APT 3302City
PORT ORANGE FL 32129

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 restoring)

DATE

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
PVST
JUSTIN BLAKE
3960 OAK TRIAL RUN APT 3302
PORT ORANGE FL 32127

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Justin Blake 4/29/03 295-5182
(386)