


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90207 047 ***150.00

DOCUMENT # P02000093725

1. Entity Name
AFFORDABLE AFFAIRS, INC.



Principal Place of Business
1785 SABOFF WAY
CHULUOTA FL 32766

Mailing Address
1785 SABOFF WAY
CHULUOTA FL 32766

2. Principal Place of Business
NONE YET

3. Mailing Address
1785 SABOFF WAY

Suite, Apt. #, etc.

City & State
CHULUOTA, FL

Zip
32766

Country
SEMINOLE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
55-0793035

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
PARRISH, CYNTHIA A
1785 SABOFF WAY
CHULUOTA FL 32766

7. Name and Address of New Registered Agent
Name: CYNTHIA A. PARRISH
Street Address (P.O. Box Number is Not Acceptable): 1785 SABOFF WAY
City: CHULUOTA FL Zip Code: 32766

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 *Cynthia A. Parrish* **DATE** 2-17-03
(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PARRISH, CYNTHIA A 1785 SABOFF WAY CHULUOTA FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PARRISH, JEFFREY L 1785 SABOFF WAY CHULUOTA FL 32766 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cynthia A. Parrish* **DATE** 2-17-03 **Daytime Phone #** 407-679-8807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)