2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Principal Place of Business

KATZ AFFORDABLE



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90055 047 ***150.00

P02000115181 CAR SERVICE, INC.	
Mailing Address	

15478 FIOREI DELRAY BEAG		15478 FIORENZA CIRCLI DELRAY BEACH FL 3344		T TO DEFEND AND ORDER FROM A BOUND BOUND AND A STATE OF THE BEAUTY OF THE BOUND AND A STATE OF THE BOUND AND A	
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State City & State			4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired Seguired Seguired	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent	
			Name		
COLEMAN, ANTHONY G JR 3275 W HILLSBORO BLVD #207		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
DEERFIEL	D BEACH FL 33442				
•			City	FL Zip Code	
	named entity submits this statemer ions of registered agent.	nt for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	
j,	one or rogiotored agent.				
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. c Payable to Florida Departmen	• • • • • • • • • • • • • • • • • • •		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	D DICKHAUT, STEPHEN 15478 FIORENZA CIRCLE	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition 1	
STREET ADDRESS		- ·- · ·	STREET ADDRESS	The first the contract of the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 enlipowered 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:

TED. RESIDENCE OF DIRECTOR