2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 19, 2003 8:00 amSecretary of State P02000128935 DOCUMENT # 05-19-2003 90203 016 ***150.00 1. Entity Name AFFLUENT INC. Principal Place of Business Mailing Address 3902 VENETIAN WAY 3902 VENETIAN WAY **TAMPA FL 33634** TAMPA FL 33634 2. Principal 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 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA AGENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVE, STE 900 MIAMI FL 33131 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition ☐ Channe TITI F **DPST** ☐ Delete TITLE NAME NAME PITSOKOS, DONNA STREET ADDRESS STREET ADORESS 3902 VENETIAN WAY CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attachmen

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5-16-03 813-290-7138

Date Date Dayline Phone #

FILED

Affachment
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Affluent Inc.

3902 Venetian Way Tampa Fl, 33634 813-290-7138

May 16, 2003

To Whom it may concern,

I have just spoken to your office. Because of the serious illness that has disabled a member of our family, I was forced to remove myself from my business capacity. I was unable to complete the UBR form as I have been attending to this person needs outside of my home. Your office has notified me to forward this letter and would accept leniency upon receipt. I thank you for your consideration and help in this matter. Our family appreciates you forgiving the unnecessary burden of the late filing fee.

Sincerely,

Donna Pitsokos