

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90321 002 \*\*\*550.00

**DOCUMENT # P34650**

1. Entity Name  
**AFFIRMATIVE MANAGEMENT, INC.**

Principal Place of Business  
 120 WOOSTER ST., SIXTH FLOOR  
 NEW YORK NY 10012

Mailing Address  
 5850 T.G. LEE BLVD  
 STE 345  
 ORLANDO FL 32822  
 US

2. Principal Place of Business

3. Mailing Address  
 402 GATLIN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Orlando, FL

Zip

Country

Zip  
 32806

Country

USA

4. FEI Number 13-3177679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUBELT, PAUL C.  
 5850 T G. LEE BLVD  
 STE 345  
 ORLANDO FL 32822

Name

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

402 GATLIN AVE

City

Orlando

FL

Zip Code

32806

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 file if applicable.

Paul C. Jubelt

(NOTE: Registered Agent signature required when reinstating)

7/10/02

DATE

9. This corporation is eligible to satisfy its tangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME JUBELT, ANDREW D.  
 STREET ADDRESS 120 WOOSTER ST SIXTH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10012 ☐ Delete

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

TITLE VD  
 NAME JUBELT, PAUL C.  
 STREET ADDRESS 1327 WEATERWITCH COVE CIRCLE  
 CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

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

TITLE VTD  
 NAME HARVATIN, JOHN J.  
 STREET ADDRESS 5 SLEEPY HOLLOW  
 CITY-ST-ZIP LAKE GROVE NY 11755 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/02 212.924.9600

Date

Daytime Phone #

CR2E034 (4/02)