

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032228

1. Entity Name  
AFIS, INC.

Principal Place of Business  
3734 REEDPOND DR NORTH  
SUITE 28  
JACKSONVILLE FL 32223  
US

Mailing Address  
3734 REEDPOND DR NORTH  
JACKSONVILLE FL 32223  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3261892 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SMITH, D. LAMAR  
301 W BAY ST  
MAIL BOX 22  
JACKSONVILLE FL 32202

6. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
After May 1, 2002 Fee will be \$550.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	P AINSWORTH, HARRY J 3734 REEDPOND DR NORTH JACKSONVILLE FL	<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	V AINSWORTH, LINDA L 3734 REEDPOND DR NORTH JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Linda L. Ainsworth* Linda L. Ainsworth 4/26/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT (904) 880-7106  
Day/Evening/Phone #