

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90147 009 ***150.00

DOCUMENT # P94000093330

1. Entity Name
AFFORDABLE INSURANCE AGENCY, INC.



Principal Place of Business
**10 FAIRWAY DR 214
DEERFIELD BEACH FL 33441
US**

Mailing Address
**10 FAIRWAY DR. #214
DEERFIELD BEACH FL 33441**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0543316**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

**SOBEL, GARY
10 FAIRWAY DR #214
DEERFIELD BEACH FL 33441**

Name **Leslie Sobel**

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

10 Fairway Dr. #214

City **Deerfield Beach**

FL

Zip Code **33441**

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

(NOTE: Registered Agent signature required when reinstating)

4/25/03
DATE

**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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **SOBEL, GARY**
STREET ADDRESS **10 FAIRWAY DR 214**
CITY-ST-ZIP **DEERFIELD BEACH FL**

☐ Change ☒ Addition
NAME **STEVEN SOBEL**
STREET ADDRESS **10 FAIRWAY DR #214**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ Delete
NAME **SOBEL, LESLIE**
STREET ADDRESS **10 FAIRWAY DR, #214**
CITY-ST-ZIP **DEERFIELD BEACH FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 like empowered.

SIGNATURE: **Leslie Sobel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date
426 3214
Daytime Phone #

CR2E034 (10/02)