

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090078

1. Entity Name
AFFILIATED AMERICAN, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90085 012 ***150.00

Principal Place of Business
218 BEACH BLVD
SUITE 9
JACKSONVILLE BEACH FL 32250

Mailing Address
218 BEACH BLVD
SUITE 9
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business
475 COMMERCE LAKE DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
475 Commerce Lake Dr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ST. AUGUSTINE, FLORIDA
 Zip
32095
 Country
USA

City & State
St. Augustine, FL
 Zip
32095
 Country
USA

4. FEI Number **59-3415133**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHEA, JOHN W
218 BEACH BLVD, SUITE 9
JACKSONVILLE BEACH FL 32250

Change Address →

7. Name and Address of New Registered Agent

Name
SHEA, JOHN W.
 Street Address (P.O. Box Number is Not Acceptable)
475 COMMERCE LAKE DRIVE
 City
ST. AUGUSTINE FL Zip Code
32095

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 *John W. Shea* **JOHN W. SHEA, PRESIDENT** **3/28/01**
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. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE
D ☐ Delete
 NAME
SHEA, JOHN W
 STREET ADDRESS
218 BEACH BLVD, STE 9
 CITY-ST-ZIP
JACKSONVILLE BEACH FL 32250

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
SHEA, JOHN W.
475 COMMERCE LAKE DRIVE
 CITY-ST-ZIP
ST. AUGUSTINE, FL 32095

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

TITLE
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 STREET ADDRESS
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 CITY-ST-ZIP

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

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: *John W. Shea* **JOHN W. SHEA, PRESIDENT** **3/28/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(904) 244-0313

0451017

CR2E034 (10/00)