

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90075 008 ***150.00

DOCUMENT # P96000090078

1. Entity Name

AFFILIATED AMERICAN, INC.

Principal Place of Business

**475 COMMERCE LAKE DRIVE
 SAINT AUGUSTINE FL 32095**

Mailing Address

**475 COMMERCE LAKE DRIVE
 SAINT AUGUSTINE FL 32095**

2. Principal Place of Business

2401 Mayport Road

3. Mailing Address

2401 Mayport Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

Atlantic Beach FL

City & State

Atlantic Beach FL

4. FEI Number

59-3415133

Applied For

Not Applicable

Zip

Country

32233

USA

Zip

Country

32233

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHEA, JOHN W

**475 COMMERCE LAKE DRIVE
 SAINT AUGUSTINE FL 32095**

7. Name and Address of New Registered Agent

Name

JOHN W. SHEA

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

8100 CYPRESS HOLLOW COURT

City

PONTE VEDRA

FL

Zip Code

32082

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.
 (See criteria on back) ☐

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SHEA, JOHN W**
 CITY-ST-ZIP **475 COMMERCE LAKE DRIVE
 SAINT AUGUSTINE FL 32095**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **8100 Cypress Hollow Court**
 CITY-ST-ZIP **Ponte Vedra FL 32082**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02 (904) 285-5169
 Date Daytime Phone #

CR2E034 (9/01)