

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021400

1. Entity Name

AMERICA FINANCIAL INDUSTRIES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90009 011 ***150.00

Principal Place of Business

217 LAPASADA CIRLCE
PONTE VEDRA BEACH FL 32082

Mailing Address

PO BOX 16952
JACKSONVILLE FL 32245-6952
US

2. Principal Place of Business

8 Mackeral Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Bch FL

City & State

City & State

4. FEI Number

59-3436643

Applied For

Not Applicable

Zip

32082

Country

DUVAL

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, LEONARD T JR.
217 LAPASADA CIRLCE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

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

8 Mackeral Drive

City

Ponte Vedra Bch

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

Pres

3-4-00

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, 2000 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
NAME FREEMAN, LEONARD T JR.
STREET ADDRESS 217 LAPASADA CIRLCE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

8 Mackeral Drive
Ponte Vedra Bch, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

Date

Daytime Phone #

3-4-00

904-757-9220

CR2E034 (9/99)