

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90166 021 ***150.00

DOCUMENT # **P97000030994**

1. Entity Name

A AFF, Inc.

DO NOT WRITE IN THIS SPACE

656480

2. Principal Place of Business

975 Imperial Golf Course Blvd.

3. Mailing Address

975 Imperial Golf Course Blvd.

Suite, Apt. #, etc.

#78

Suite, Apt. #, etc.

#78

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3438314

Applied For

Not Applicable

Zip

34110

Country

COLLIER

Zip

34110

Country

COLLIER

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ANTHONY FALCIGNO

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

975 IMPERIAL GOLF COURSE BLVD.

City

NAPLES

FL

Zip Code

34110

**DO NOT WRITE
IN THIS SPACE**

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

Anthony Falcigno

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

(NOTE: Registered Agent signature required when reconstituting)

4/26/02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT

NAME

ANTHONY FALCIGNO

STREET ADDRESS

975 Imperial Golf Course Blvd. #78

CITY - ST - ZIP

NAPLES, FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony Falcigno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)