

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057640

1. Entity Name

AFFILIATED AMERICAN IV, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90324 047 ***150.00

Principal Place of Business 475 COMMERCE LAKE DRIVE SAINT AUGUSTINE FL 32095	Mailing Address 475 COMMERCE LAKE DRIVE SAINT AUGUSTINE FL 32095
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State		4. FEI Number 59-3463144	Applied For Not Applicable
Zip	Country	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

Name Shea, John W.	7. Name and Address of New Registered Agent
Street Address (P.O. Box Number is Not Acceptable)	
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, President, JOHN W. SHEA

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

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEA, JOHN W 218 BEACH BLVD. STE. 9 JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	475 Commerce Lake Dr St. Augustine, FL 32095	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John W. Shea, JOHN W. SHEA, 4/23/01 (904) 940-9500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #