

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90031 018 ***150.00

DOCUMENT # P97000087265

1. Entity Name
AFFILIATED BROKERS, INC.

Principal Place of Business
**108 ELIZABETH AVENUE
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**108 ELIZABETH AVENUE
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3513329

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTY, WARREN
108 ELIZABETH AVENUE
ALTAMONTE SPRINGS FL 32701**

Name

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

City

FL

Zip Code

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARTY, WARREN
108 ELIZABETH AVENUE
ALTAMONTE SPRINGS FL 32701** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 information.

SIGNATURE: **SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

9-10-01 407-774-4444

CR2E034 (5/01)

Attachment

Doc. # PG 7000087265-A0086130



BARTY REALTY

• Since 1970 •

September 10, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

I was about to complete the report when I noticed that I had apparently missed a previous deadline, and that the penalty for such is quite severe.

I am unaware of ever receiving any previous report, and thus was unaware of needing to complete it and return it by any date certain. My only notice thus far is this form with it's attendant fee of \$550.00. I am told by your office via telephone this morning that the payment for this service is normally \$150.00 sans the penalty.

I would ask that you forgive the penalty in this instance, as I received no prior notice. I would like to continue to keep this corporation active, tho I do not use it in my business and it has had no financial activity for a few years. If you cannot see fit to forgive the penalty, then I would respectfully ask that you return my check and terminate this corporation.

Thank you in advance for your consideration.

Warren Barty
President, Affiliated Brokers, Inc.