2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P98000057304

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

RESHMA, OHRI

8704 CREST CRATE CR

ORLANDO FL 32819

Zip

6. Name and Address of Current Registered Agent

1. Entity Name AFFORDABLE AUTO INSURANCE & FINANCIAL SERVICES, INC.			
Principal Place of Business	Mailing Address		
8704 CRESTGATE CR.	8704 CRESTGATE CR.		
ODI ANDO EL 20010	ODIANDO EL 20010		

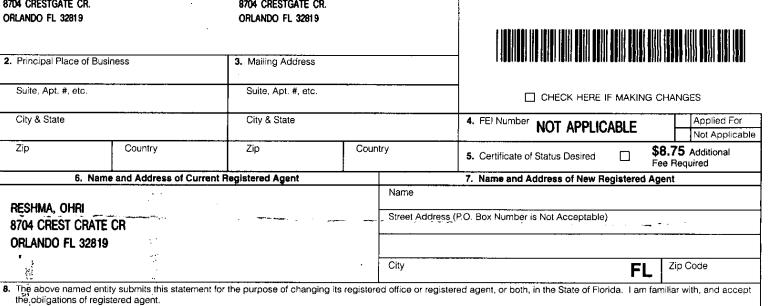
3. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Aug 25, 2003 8:00 am Secretary of State

08-25-2003 90094 002 ***550.00



SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							
10.	OFFICERS AND DIRECTOR	is .	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Ohri, reshma 8704 Crestgate Cr. Orlando fl 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change .	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE - NAME - STREET ADDRESS - CITY-ST-ZIP	and the second s	Addition		

Country

Name

City

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition