

— AMENDED —
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN -7 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092374

1. Entity Name
AMERICAN FINANCIAL GROUP LIMITED, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1964 HOWELL BRANCH RD</i> Suite, Apt. #, etc. <i>SUITE 107</i> City & State <i>WINTER PARK FL</i> Zip <i>32792</i>		3. Mailing Address <i>1964 HOWELL BRANCH RD.</i> Suite, Apt. #, etc. <i>SUITE 107</i> City & State <i>WINTER PARK FL</i> Zip <i>32792</i>	
Country <i>SEMINOLE</i>		Country <i>SEMINOLE</i>	

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4. FEI Number <i>59-375234B</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>JOHN E. SEBASTIAN</i>
Street Address (P.O. Box Number is Not Acceptable) <i>1964 HOWELL BRANCH RD, STE 107</i>
City <i>WINTER PARK</i>
FL Zip Code <i>32792</i>

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)

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 NAME STREET ADDRESS CITY-ST-ZIP <i>PSTD SEBASTIAN, JOHN E 1964 HOWELL BRANCH RD STE 107 WINTER PARK FL 32792</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>500005869535--9 -06/19/02--01082--009 *****70.00 *****70.00</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* PRESIDENT 06-04-02 407/673-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)