## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P99000055672 **DOCUMENT #**

1. Entity Name

AMERICAN FAMILY ESTATE SERVICES, INC.



Principal Place of Business

Mailing Address

Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90144 009 \*\*\*158.75

AKEVIEW BLE FAMPA FL 338 JS 2. Principal P	OG., STE 300 337	ness	COSTA	COSTA MESA CA 92626  3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	e		City	City & State				4. FEI Number 26-0015055 Applied For Not Applicable			
Zìp :	Country		Zip	Zip		Country		Certificate of Status Desired	' \$8.75 Add	ditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
NRAI SERVICES, INC. 526 E. PARK AVE.						Name Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301						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. I am familiar with, and accept the obligations of registered agent.  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 \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								Election Campaign Financing     Trust Fund Contribution.		<b>0</b> May Be I to Fees	
10.		OFFICERS A	ND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, STANLEY 3 RAVENSRIDGE DOVE CANYON CA 92678			□ Delete	Delete TITLE NAME STREE				☐ Change	☐ Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #