

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064877

1. Entity Name

AAFORDABLE REAL ESTATE INCORPORATED

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90114 008 \*\*\*158.75

Principal Place of Business  
213 HARRISON AVENUE  
SUITE #4  
PANAMA CITY FL 32401

Mailing Address  
213 HARRISON AVENUE  
SUITE #4  
PANAMA CITY FL 32401-2727

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number  
59-3592159

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

TOLSON, J C JR  
213 HARRISON AVENUE  
SUITE #4  
PANAMA CITY FL 32401

## 7. Name and Address of New Registered Agent

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 \$150.00**  
**After MAY 1, 2000 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

TITLE ☐ Delete  
NAME PRESIDENT/SECRETARY  
STREET ADDRESS J.C. TOLSON J.R.  
CITY-ST-ZIP 213 HARRISON AVE SUITE 4  
PANAMA CITY FL 32401

TITLE ☐ Delete  
NAME TREASURER  
STREET ADDRESS MICHAEL L. MIXON  
CITY-ST-ZIP 213 HARRISON AVE SUITE 4  
PANAMA CITY FL 32401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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:

*J.C. Tolson Jr.*  
J.C. TOLSON JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 APRIL 2000

Date

850-963-0025

Daytime Phone #