FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State
02-12-2003 90124 037 ***150.00

DOCUMENT # V01360

1. Entity Name

American Financial Consultants Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14600 Glen Cove Dr.	14600 Glen Cove Dr.
Suite, Apt. #, etc.: Apt 304	Suite, Apt. #, etc.: Apt 304
City & State: Fort Myers, FL	City & State: Fort Myers, Fl
Zip: 33919 Country:	Zip: 33919 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0301172 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sandra A Doupe

Street Address (P.O. Box Number is Not Acceptable): 14600 Glen Cove Dr. Apt 304

City: Fort Myers, Fl **FL** Zip Code: 33919

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS Sandra Doupe 14600 Glen Cove Dr. Apt 304 Ft Myers, Fl ~~33919~~
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Doupe PRESIDENT 2/10/03 239-267-3633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #