

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 10, 2000 08:00 AM
Secretary of State

DOCUMENT # F99000003054

1. Entity Name
AVANTI COACH CORPORATION

Principal Place of Business 4268 LOS ANGELES AVENUE SIMI VALLEY CA 930633366	Mailing Address 4268 LOS ANGELES AVENUE SIMI VALLEY CA 930633366
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number
88-0419041
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ KEVIN C
 8331 EPICENTER BLVD.

 LAKELAND FL 33809 US

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 _____ DATE **01/10/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOYD LISA			NAME			
STREET ADDRESS	4268 LOS ANGELES AVENUE			STREET ADDRESS			
CITY-ST-ZIP	SIMI VALLEY CA 93063			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ KEVIN C			NAME			
STREET ADDRESS	221 CATHERINE CT			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33809			CITY-ST-ZIP			
TITLE	PC	<input type="checkbox"/> Delete		TITLE	PC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NIER DIDIER JDR.			NAME	DE NIER DIDIER JDR.		
STREET ADDRESS	213 FAWN VALLEY COURT			STREET ADDRESS	213 FAWN VALLEY COURT		
CITY-ST-ZIP	SIMI VALLEY CA 93065			CITY-ST-ZIP	SIMI VALLEY CA 930656774		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Didier J. De Nier

PC 01/10/2000