

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H96629

1. Entity Name
AVANT GUARD II, INC.

Principal Place of Business: **3985 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839**
 Mailing Address: **3985 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State
 3. Mailing Address: Suite, Apt. #, etc. / City & State

Zip / Country / Zip / Country

4. FEI Number **59-2696532** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PANTLIN, ROBERT L.
3985 S ORANGE CLOSSOM TRAIL
ORLANDO FL 32839

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 _____ DATE _____
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSD PANTLIN, ROBERT 3985 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839	<input type="checkbox"/>		
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 *****550.00 *****550.00

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9-18-01** Daytime Phone #: **407-843-1233**

FILED
01 SEP 25 AM 11:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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