FILED
Mar 26, 2003 8:00 am
Secretary of State

02-12-2003 90153 001 ***300.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # J10887

1. Entity Name
AVANZINI BUILDERS, INC.

Principal Place of Business
3009 E GULF TO LAKE
209 COURTHOUSE SQ.
INVERNESS FL 34453
US

Mailing Address
% BRADSHAW & MOUNTJOY, P.A.
209 COURTHOUSE SQ.
INVERNESS FL 32650

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
3009 E. Gulf to Lake Hwy
Suite, Apt. #, etc.
City & State
Inverness, FL
Zip
34453
Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2671713 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOUNTJOY, S. MICHAEL
209 COURTHOUSE SQUARE
INVERNESS FL 32650

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. 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)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	OD	☐ Delete
NAME	AVANZINI, CHARLES WALTER	
STREET ADDRESS	3009 E GULF TO LAKE HWY	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	STD	☐ Delete
NAME	AVANZINI, RICHARD PAUL	
STREET ADDRESS	3009 E GULF TO LAKE HWY	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED CW Avanzini 3/20/03 (352) 726-7465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #