

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N97000004182**

1. Entity Name  
**AVMAE INTERNATIONAL, INC.**

Principal Place of Business  
**2998 FENWICK CT. EAST  
TALLAHASSEE FL 32308**

Mailing Address  
**2998 FENWICK CT. EAST  
TALLAHASSEE FL 32308**

2. Principal Place of Business  
**3062 Bayshore Drive**

3. Mailing Address  
**3062 Bayshore Drive**

Suite, Apt. #, etc.

City & State  
**Tallahassee, Florida**

City & State  
**Tallahassee, Florida**

Zip  
**32308**

Country  
**U.S.A.**

Zip  
**32308**

Country  
**U.S.A.**

6. Name and Address of Current Registered Agent  
**COOMBS, JOYCE  
2998 FENWICK CT, EAST  
TALLAHASSEE FL 32308**

APPROVED AND FILED  
01 JUN -6 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3460467**

Applied For  
☐ Not Applicable

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

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 *Joyce Coombs*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**FILE NOW:  
FEE IS \$61.25**

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COOMBS, JOYCE 2998 FENWICK CT, EAST TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV COOMBS, VERNON 2998 FENWICK CT, EAST TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TST COOMBS, HOWARD 2998 FENWICK CT, EAST TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director Joyce Coombs 3062 Bayshore Drive Tallahassee, FL., 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Director MR. VERNON COOMBS 3062 Bayshore Drive Tallahassee, FL., 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - Director MR. ANTHONY COOMBS 3062 Bayshore Drive Tallahassee, FL., 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Joyce Coombs* (President) **6/5/2001**

CR2E037 (10/00)