


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

5/ **FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90209 038 \*\*\*150.00

DOCUMENT # P00000040683  
1. Entity Name  
AVANTI CONSULTING, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
104 CRESTVIEW DR  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
BRANDON FL

City & State  
FL

Zip  
33511

Country  
Hillsborough

4. FEI Number  
59-3639811

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  
JACIE KORTA

Street Address (P.O. Box Number is Not Acceptable)  
17502 N. DALE MADEY

City  
TAMPA

FL

Zip Code  
33549

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 Amelia J. Cassano / Jacie Korta 6/7/04 4/30/04

Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when rechartering.)

January 1 - May 1 Fee is \$450.00  
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	<u>PRESIDENT AMELIA J. CASSANO 104 CRESTVIEW DR BRANDON, FL 33511</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Amelia J. Cassano 4/30/04 813 689-1876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (12/02)