

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P930000062289

1. Entity Name

Advantage Audio Visual, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

5830 McCallister Ave.

Suite, Apt. #, etc.

Pensacola, Fl.

3. Mailing Address

P.O. Box 10597

Suite, Apt. #, etc.

Pensacola, Fl.

City & State

32504

U.S.A

City & State

32524

U.S.A

Zip

Country

Zip

Country

REINSTATEMENT

00-01

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3201325

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

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

TERRY W. BLY

6-11-01

Signature, typed or printed name of registered agent and date of appointment.

(NOTE: Registered Agents signature required when reinstating)

DATE

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, 2001 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

TITLE	President	☐ Delete
NAME	Terry W. Bly	
STREET ADDRESS	5830 McCallister Ave.	
CITY-ST-ZIP	Pensacola, Fl. 32504	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Terry W Bly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2001

850-479-2678

Date

Daytime Phone #

CR2E034 (11/00)