2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # **P96000055862** 1. Entity Name THE AVANTI FINANCIAL GROUP INC. 05-02-2001 90051 022 ***150.00 Mailing Address Principal Place of Business 100 CROWN OAK CENTRE DR 100 CROWN OAK CENTRE DR LONGWOOD FL 32750 LONGWOOD FL 32750 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3387224 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BILELLO, JOSEPH J. Street Address (P.O. Box Number is Not Acceptable) 100 CROWN OAK CENTRE DR LONGWOOD FL 32750 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME BILELLO, JOSEPH J NAME STREET ADDRESS STREET ADORESS 100 CROWN OAK CENTRE DR CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Change ☐ Addition **VPS** ☐ Delete TITLE TITLE NAME **BILELLO, LEISA** NAME STREET ADDRESS 100 CROWN OAK CENTRE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL 32750 Change ☐ Addition ~ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 attach nt with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 🔏 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

Joseph J. Bitello 4126/01 407-331-7330