

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91150 017 \*\*\*150.00

**DOCUMENT #** 133028

1. Entity Name

AVALAWN, INC.

**DO NOT WRITE IN THIS SPACE**

666827

2. Principal Place of Business  
P. O. BOX 300093

Suite, Apt. #, etc.

3. Mailing Address  
P. O. BOX 300093

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FERN PARK, FL

City & State  
FERN PARK, FL

4. FEI Number  
59 0335410

Applied For  
Not Applicable

Zip  
32730-0093

Country  
USA

Zip  
32730-0093

Country  
USA

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

7. Name and Address of Current Registered Agent

Name  
GARNER, W.B.

Street Address (P.O. Box Number is Not Acceptable)  
385 E. WARREN AVE.

City  
LONGWOOD, FL 32750 FL Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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) ☐

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

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GARNER, W.B.  
385 E. WARREN AVE.,  
LONGWOOD, FL 32750

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other I am empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. B. GARNER

4/28/02

Date

Daytime Phone #

CR2E034B (12/01)