

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90299 001 \*\*\*952.50

0616987 AV

DOCUMENT # 318481

1. Entity Name

AVATAR UTILITY SERVICES, INC.

Principal Place of Business

4837 SWIFT RD #100  
 SARASOTA FL 34231  
 US

Mailing Address

4837 SWIFT RD #100  
 SARASOTA FL 34231  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1167542

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

GETMAN, DENNIS J  
 201 ALHAMBRA CIR., 12TH FLOOR  
 CORAL GABLES FL 33134

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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete  
 NAME ACOSTA, MICHAEL  
 STREET ADDRESS 4837 SWIFT RD #100  
 CITY-ST-ZIP SARASOTA FL 34231

TITLE PDC ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PDC ☒ Delete  
 NAME ALLEN, GERALD S  
 STREET ADDRESS 4837 SWIFT RD #100  
 CITY-ST-ZIP SARASOTA FL 34231

TITLE D ☐ Change ☒ Addition  
 NAME MCNAIRY, CHARLES L  
 STREET ADDRESS 201 ALHAMBRA CIR  
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE V ☐ Delete  
 NAME DASZYNSKI, LARRY E  
 STREET ADDRESS 2140 GULF GATE DR  
 CITY-ST-ZIP SARASOTA FL 34231

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

TITLE S ☐ Delete  
 NAME CHUBBUCK, ANITA J.  
 STREET ADDRESS 4837 SWIFT RD., #100  
 CITY-ST-ZIP SARASOTA FL 34231

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

TITLE D ☐ Delete  
 NAME GETMAN, DENNIS J  
 STREET ADDRESS 201 ALHAMBRA CIR  
 CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE VTD ☐ Delete  
 NAME MURPHY, MICHAEL E  
 STREET ADDRESS 4837 SWIFT RD., #100  
 CITY-ST-ZIP SARASOTA FL 34231

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:

Michael Acosta

Michael Acosta

4-1-02

941-925-3088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)