2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) 318481

1. Entity Name

DOCUMENT #

AVATAR UTILITY SERVICES, INC.



FILED Mar 11, 2003 8:00 am Secretary of State

03-11-2003 90160 001 ***952.50

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Suile, Apr. #. etc. Suile, Apr. #. etc. Suile, Apr. #. etc. Check HeRe is MAXING CHANGES Applied For Vox Applicable Zip	4837 SWIFT R SARASOTA FL	D #100	4837 SWIFT RD #100 SARASOTA FL 34231				
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Zip Country Zip Country Sp. 75 Addisonal Sp. 75 Addisonal Feb Propulsed Sp. 75 Addisonal S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent GETMAN, DENNIS J GETMAN, DENNIS D, #000 GETMAN, DENNIS J GETMAN, DENNIS D, #000 GETMAN DENNIS DENNIS D, #000 GETMAN DENNIS D, #000 GETMAN DENNIS DENNIS D, #000 GETMAN DENNIS DENN	City & State		City & State		4. FEI Number 59-1167542	<u> </u>	
GETMAN, DENNIS J 201 ALHAMBRA CIR., 12TH FLOOR CORAL GABLES FL 33134 City FL Zip Code Co	Zip	Country	Zip	Country	5. Certificate of Status Desired		
GETMAN, DENNIS J 201 ALHAMBRA CIR, 12TH FLOOR CORAL GABLES FL 33134 City FL Zip Code 6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent, or bo		6. Name and Address of Current	Registered Agent	· ·	7. Name and Address of New Register	red Agent	
201 ALHAMBRA CIR., 12TH FLOOR CORAL GABLES FL 33134 City FL Zip Codo 6. The above named entity subtrais 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 ooligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME ACOSTA, MICHAEL SIRET ADDRESS CITY-ST-2P SARASOTA FL 34231 TILE D CALIFORM CHARLES L SIRET ADDRESS COTY-ST-2P SARASOTA FL 34231 TILE VACAIRY, CHARLES L SIRET ADDRESS COTY-ST-2P SARASOTA FL 34231 TILE VACAIRY, CHARLES L SIRET ADDRESS COTY-ST-2P SARASOTA FL 34231 TILE VACAIRY, CHARLES L SIRET ADDRESS COTY-ST-2P SARASOTA FL 34231 TILE VACAIRY, CHARLES L SIRET ADDRESS COTY-ST-2P SARASOTA FL 34231 TILE VACAIRY, CHARLES L SIRET ADDRESS COTY-ST-2P SARASOTA FL 34231 TILE VACAIRY, CHARLES L SIRET ADDRESS COTY-ST-2P SARASOTA FL 34231 TILE VACAIRY, CHARLES L SIRET ADDRESS COTY-ST-2P CHARLES L SIRET ADDRESS COTY-ST-2P SIRET ADDRESS			<u> </u>	Name			
CORAL GABLES FL 33134 City FL Zip Code	·			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Summer byte of printed name of registered agent and the if applicable. Phote Projective Agent signature required when rendating) Signature Summer byte of printed name of registered agent. DATE							
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FILE NOW!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ACOSTA, MICHAEL 4837 SWIFT RD #100 SARASOTA FL 34231 TITLE MME COTY-ST-2P NAME COTY-ST-2P ADDITIONS/CHANGES FL 33134 TITLE CORLA GABLES FL 33134 TITLE STREET ADDRESS CITY-ST-2P CHANGES CITY-ST-2P CHANGES CITY-ST-2P CHANGES CITY-ST-2P TITLE CORLA GABLES FL 33134 TITLE CHUBBLICK, ANITA J. STREET ADDRESS CITY-ST-2P CHUBBLICK, ANITA J. STREET ADDRESS CITY-ST-2P CHANGES CITY-ST-2P CHANGES CITY-ST-2P TITLE CHUBBLICK, ANITA J. STREET ADDRESS CITY-ST-2P CHANGES CITY-ST-2P CHANGES CITY-ST-2P CHUBBLICK, ANITA J. STREET ADDRESS CITY-ST-2P CHANGES CITY-ST-2P CHUBBLICK, ANITA J. STREET ADDRESS CITY-ST-2P CHANGES CITY-ST-2P CHANGES CITY-ST-2P CHUBBLICK, ANITA J. STREET ADDRESS CITY-ST-2P CORAL GABLES FL 33134 CITY-ST-2P CHUBBLICK, ANITA J. STREET ADDRESS CITY-ST-2P CORAL GABLES FL 33134 CITY-ST-2P CHUBBLICK, ANITA J. STREET ADDRESS CITY-ST-2P CORAL GABLES FL 33134 CITY-ST-2P TITLE CHUBBLICK, ANITA J. STREET ADDRESS CITY-ST-2P CORAL GABLES FL 33134 CITY-ST-2P CORAL GABLES FL 33134 CITY-ST-2P CORAL GABLES FL 33134 CITY-ST-2P CHANGE CORAL GABLES FL 33134 CITY-ST-2P CHANGE CORAL GABLES FL 33134 CITY-ST-2P CITY-			or the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I	am familiar with, and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE POC	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
TITLE NAME ACOSTA, MICHAEL STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE TIT	After	r May 1, 2003 [‡] Fee will be \$550.00					
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NAME STREET ADDRESS CITY-ST-ZIP CORLA GABLES FL 33134 TITLE NAME DASZYNSKI, LARRY E 2140 GULF GATE DR SARASOTA FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME CHUBBUCK, ANITA J. 4837 SWIFT RD., #100 SARASOTA FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D GETMAN, DENNIS J GETMAN, DENNIS J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D GETMAN, DENNIS J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D GETMAN, DENNIS J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D GETMAN, DENNIS J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		·	□ Relete			☐ Change ☐ Addition	
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TITLE NAME GETMAN, DENNIS J NAME STREET ADDRESS CITY-ST-ZIP TITLE VTD Delete TITLE NAME STREET ADDRESS AME STREET ADDRESS CITY-ST-ZIP TITLE WURPHY, MICHAEL E STREET ADDRESS STREET ADDR	TITLE NAME STREET ADDRESS	S CHUBBUCK, ANITA J. 4837 SWIFT RD., #100	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
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	TITLE NAME STREET ADDRESS	VTD MURPHY, MICHAEL E 4837 SWIFT RD., #100	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	

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 Block 11 if changed, or on an attachment with an landdress, with all other like empowered.

SIGNATURE:

Michael Acosta

2-26-03

941-925-3088