

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-11-2003 90160 001 ***952.50

DOCUMENT # 828310

1. Entity Name
AVATAR UTILITIES INC.



Principal Place of Business
**4837 SWIFT RD.
SUITE 100
SARASOTA FL 34231**

Mailing Address
**4837 SWIFT RD.
SUITE 100
SARASOTA FL 34231**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-1582615**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	ACOSTA, MICHAEL	
STREET ADDRESS	4837 SWIFT RD., #100	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VTD	☐ Delete
NAME	MURPHY, MICHAEL E	
STREET ADDRESS	4837 SWIFT RD., #100	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	PDC	☐ Delete
NAME	GETMAN, DENNIS J.	
STREET ADDRESS	201 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	☐ Delete
NAME	CHUBBUCK, ANITA J	
STREET ADDRESS	4837 SWIFT RD #100	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ Delete
NAME	MCNAIRY, CHARLES L	
STREET ADDRESS	201 ALHAMBRA CIRCLE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		☐ Delete
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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 address with an other like empowered.

SIGNATURE: *Michael Acosta* **SIGNATURE REQUIRED** **Michael Acosta** **2-26-03** **941-925-3088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)