

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90038 044 ***158.75

DOCUMENT # F97000000614

1. Entity Name

AV MARKETING, INC.

Principal Place of Business

5525 SHASTA DRIVE
 ORLANDO FL 32810

Mailing Address

5525 SHASTA DRIVE
 ORLANDO FL 32810

843100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5703 Red Bug Lake Rd
 Suite, Apt. #, etc.
 #138

City & State
 Winter Springs FL

Zip
 32708

Country
 USA

3. Mailing Address

5703 Red Bug Lake Rd
 Suite, Apt. #, etc.
 #138

City & State
 Winter Springs, FL

Zip
 32708

Country
 USA

4. FEI Number
 59-3308337

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COOLIDGE, TONY
 5525 SHASTA DRIVE
 ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name
 Tony Coolidge
 Street Address (P.O. Box Number is Not Acceptable)
~~5703 Red Bug Lake Rd #138~~
 1130 Meadow Lake Way, #200
 City
 Winter Springs FL Zip Code
 32708

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

(NOTE: Registered Agent signature required when reinstating)

4/16/02
 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVST
 COOLIDGE, TONY
 5525 SHASTA DRIVE
 ORLANDO FL 32810 ☒ Delete →

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CVCD
 COOLIDGE, TONY
 5525 SHASTA DRIVE
 ORLANDO FL 32810 ☒ Delete →

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVST
 COOLIDGE, TONY
 5703 Red Bug Lake Rd #138
 Winter Springs, FL 32708 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CVCD
 COOLIDGE, TONY
 5703 Red Bug Lake Rd. #138
 Winter Springs, FL 32708 ☒ Change ☐ Addition

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

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

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

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

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:

Tony Coolidge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 407-461-3947
 Date Daytime Phone #

CR2E034 (9/01)