

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
 02-14-2000 90127 025 ***150.00

DOCUMENT # K25363

1. Entity Name: **AVANTI CONSTRUCTION, INC.**

B0020926



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1000 SE COMMERCE AVE, FL 34997**
 Mailing Address: **4355 SE COMMERCE AVE, STUART FL 34997-5728, US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country Zip: Country

4. FEI Number: **65-0053383**
 Applied For: ☐ Not Applicable: ☐

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

6. Name and Address of Current Registered Agent:
TARTAGLIA, BRENDA L.
17109 SE LIRICK CT
TEQUESTA FL 33469

7. Name and Address of New Registered Agent:
 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: *Brenda L. Tartaglia* (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, 2000 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: PD <input type="checkbox"/> Delete	
NAME: TARTAGLIA, BRENDA L.	
STREET ADDRESS: 17109 SE LIRICK CT	
CITY-ST-ZIP: TEQUESTA FL 33469	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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: *Brenda L. Tartaglia*, PRESIDENT, 1/30/00 (561) 283-5500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (9/99)