## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## K73673 **DOCUMENT #**

1. Entity Name



AVERY TELECOMMUNICATIONS ENTERPRISE INC.

**FILED** Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90114 011 \*\*\*150.00

Malitory Adverses No APPLE TREE IN BOCA RATON FL 33468  12. Principal Place of Business  2. Principal Place of Business  2. Principal Place of Business  3. Making Address  5. Jule Aprl #, ritic.  5. Jule Aprl #, ritic.  5. Jule Aprl #, ritic.  City & State  City & FL  City Code  City Flore or registered agent, or both, in the State of Florica. I and familiar with, and accept the chity city of the purpose of changing its registered agent, or both, in the State of Florica. I and familiar with, and accept the chity city of the						ĺ	To the	<u> </u>							
Suite, Apt. #, old:  City & State  2. Country  2. D  Country  2. D  Country  2. D  Country  3. Certificate of Status Desired  5. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  AVERY, KENNETH ALLEN 790 APPLE TREE LN  BOCA RATION FL 33486  City  FL  2. D  City  FL  2. D  Country  Share  AVERY, KENNETH ALLEN 790 APPLE TREE LN  BOCA RATION FL 33486  City  FL  2. D  City  FL  2. D  City  FL  2. D  Code  Share Address of New Registered Agent  Avery, KENNETH ALLEN 790 APPLE TREE LN  BOCA RATION FL 33486  City  FL  2. D  City  FL  2. D  Code  Share Address of Population of registered Agent  City  FL  2. D  Code  Share Address of Population of registered Agent  City  FL  2. D  Code  Share Address of Population of registered Agent  City  FL  2. D  Code  Share Address of Population of registered Agent  City  FL  2. D  Code  Share Address of Population of registered Agent  City  FL  2. D  Code  Share Address of Population of registered Agent  City  FL  2. D  Code  Share Address of Population of Registered Agent  City  FL  2. D  Code  Share Address of Population of Registered Agent  City  FL  2. D  Code  Share Address of Population of Registered Agent  City  FL  2. D  Code  Share Address of Population of Registered Agent  City  FL  2. D  Code  Share Address of Population of Registered Agent  City  FL  2. D  Code  Share Address of Population of Registered Agent  City  FL  2. D  Code  Share Address of Population of Registered Agent  City  FL  2. D  Code  Share Address of Population of Registered Agent  City  FL  2. D  Code  Share Address of New Registered Agent  City  FL  2. D  Code  Share Address of New Registered Agent  Address of New Registered Agent  City  City  FL  2. D  Code  Share Address of New Registered Agent  Address of New Registered Agent  Address of New Registered Agent  City  City  FL  City  FL  City  City  FL  City  City  FL  City  City  FL  City  City  City  City  FL  City  Cit	790 APPLE TREE LN BOCA RATON FL 33486			790 / BOC/	790 APPLE TREE LN BOCA RATON FL 33486										
City & State  2p Country  Zip C	2. Principal Place of Business			3. Ma	3. Mailing Address				146(5)			i illi <b>dib</b> il di	DIP BIRTH DIDAR	CITH AUGH (DA)	
Zip Country Zip Country 5. Cartification of Status Desired	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
Signature   Sign	•			City	City & State			4	. FEI Numb	<sup>er</sup> <b>65-</b> 016	66813		<u> </u>		-
AVERY, KENNETH ALLEN 790 APPLE TREE LN BOCA RATON FL 33486  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.  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.	Zip	<u>.</u>	- Country Zip			Count	try	5	. Certificate	of Status De	esired		\$8.75 A	dditional	7
AVERY, KENNETH ALLEN 790 APPLE TREE LN BOCA RATON FL 33488    City   FL   Zip Code	6. Name and Address of Current			ent Register	Registered Agent			7.	. Name and	Address of	New Reg	gistered A	\gent		]
Type True Title Now Title True Title Now Title			<del> </del>				Name		<del>-</del>						}
BOCA RATON FL 33486  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing lits registered office or registered agent, or both, in the State of Plorida. I am familier with, and accept the obligations of registered agent and ritse if ampricable.    City FL Zip Code							Street Ad	dress (P.O.	. Box Numbe	er is Not Acc	eptable)			<del></del>	1
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signat								<del>.</del>							1
THE PD AVERY, KENNETH A. 790 APPLE TREE LN STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS						ļ	City			<del></del>		FL	Zip Co	de	1
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 NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TIT				nt for the purp	pose of changing its	registere	ed office or	registered	agent, or bo	th, in the Stat	te of Flori	da. I am f	amiliar 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 IN 11  TITLE PD AVERY, KENNETH A. 790 APPLE TREE LN SIREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33486  CITY-ST-ZIP  TITLE NAME 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 STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET	SIGNATURE .	Signature, typed	or printed name of registered as	gent and title if app	plicable. (NOTE	: Registered	d Agent signatur	e required whe	en reinstating)	<del></del>	·/	DATE		<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADD	After May 1, 2003 Fee will be \$550.00								1		-				1
TITLE NAME NAME NAME STREET ADDRESS TOTY-ST-ZIP NAME STREET ADDRESS TOTY-ST-ZIP NAME STREET ADDRESS TOTY-ST-ZIP NAME STREET ADDRESS TOTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-		Payable to	<u> </u>			-			ADDITIONS	CHANCES	FO OF E10	TOO AND	DIDECTOR	20 IN 14	-
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STRE		DU	OFFICERS A	ND DIRECTO				<del></del>	ADDITIONS/	CHANGES	IO OFFIC	EH2 AND			1
TITLE	NAME STREET ADDRESS	AVERY, K 790 APPL	e tree ln		∟ Delete	NAME STREE	ET ADDRESS						L_ Change	Addition	0,000
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE			<del></del> -	☐ Delete	TITLE							☐ Change	Addition	7
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	STREET ADDRESS					STREE	ET ADDRESS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME		<del></del>		☐ Delete	I NAME	.		A STATE OF THE STA		) ·		☐ Change	· Addition	1
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		L													1
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS	NAME	I			∟ Delete	NAME	:						☐ Change	∐ Addition	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS															
STREET ADDRESS STREET ADDRESS					☐ Delete				<del></del>				☐ Change	Addition	1
CHY-SI-ZIP	STREET ADDRESS					STREE	ET ADDRESS								
													F7 0:-		-
TITLE Delete TITLE Change Addition  NAME  NAME	1				L_I Delete	1	ì						L_ Change	☐ Addition	}
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS	!				STREE	ET ADDRESS								

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 of 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 all other like empowered.

SIGNATURE:

Jan 16 2003 56/-338-7744
Date Date Dayline Phone #