

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L41248**

1. Entity Name

AVCENTER INTERNATIONAL, INC.**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90019 038 ***150.00

0053900

Principal Place of Business

1792 HANGAR ROAD
SANFORD AIRPORT
SANFORD FL 32773-6833

Mailing Address

1792 HANGAR ROAD
SANFORD AIRPORT
SANFORD FL 32773-6833**C0034463**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2789 FLIGHTLINE AVENUE

Suite, Apt. #, etc.

3. Mailing Address

2789 FLIGHTLINE AVENUE

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL4. FEI Number **59-2983256**

Applied For

Not Applicable

Zip

32773

Country

US

Zip

32773

Country

US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KAREN M. MCKINNON
1992 COURTLAND BLVD.
DELTONA FL 32738

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

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

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **FRIEDLE SUSAN T**
STREET ADDRESS **450 CARDINAL OAKS COURT**
CITY-ST-ZIP **LAKE MARY FL**TITLE **D** ☐ Delete
NAME **FRIEDLE, LOREN M.**
STREET ADDRESS **450 CARDINAL OAKS COURT**
CITY-ST-ZIP **LAKE MARY FL**TITLE **DP** ☐ Delete
NAME **MCKINNON, KAREN M.**
STREET ADDRESS **1992 COURTLAND BLVD.**
CITY-ST-ZIP **DELTONA FL**TITLE **D** ☐ Delete
NAME **HUGHES MICHAEL E**
STREET ADDRESS **907ADLER DRIVE**
CITY-ST-ZIP **DELTONA FL**TITLE **D** ☐ Delete
NAME **FRIEDLE, CHRISTOPHER M**
STREET ADDRESS **608 DESOTO DRIVE**
CITY-ST-ZIP **CASSELBERRY FL 32707**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Karen M. McKinnon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-13-01**
Date**407-323-0200**
Daytime Phone #

CR2E034 (10/00)