

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M80A86**

1. Entity Name **AVC ENTERPRISES, INC**
1026 DOLPHIN DR
CAPE CORAL FL 33904

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90437 016 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1042 SW 57th ST

1588 WHISKEY CREEK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

00100684

DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL

City & State
FOOT MYERS, FL

4. FEI Number
65-0051880

Applied For
 Not Applicable

Zip
33914 Country
USA

Zip
33914-2724 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTHONY V CANNAMEIA
1042 SW 57th ST
CAPE CORAL FL 33914

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DD	ANTHONY V CANNAMEIA	1042 SW 57th ST	CAPE CORAL, FL 33914	<input type="checkbox"/>
DST	PASQUALE ESPOSITO	1588 WHISKEY CREEK DR	FOOT MYERS, FL 33914-2724	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Pasquale Esposito - ST**  **4/30/00** **941-433-2450**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)