

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003998

1. Entity Name

AV-3, INC.

Principal Place of Business

1040 HWY 17 NORTH  
BARTOW FL 33830

Mailing Address

1040 HWY 17 NORTH  
BARTOW FL 33830

2. Principal Place of Business

730 S. ILAKEE AVE

Suite, Apt. #, etc.

3. Mailing Address

730 S. ILAKEE AVE.

Suite, Apt. #, etc.

City & State

LAKE ALFRED FL

City & State

LAKE ALFRED FL

Zip

33850

Country

USA

Zip

33850

Country

USA

4. FEI Number

59-2943069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, WADE C  
1040 HWY 17 NORTH  
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name

NATHAN E. MCGUIRE

Street Address (P.O. Box Number is Not Acceptable)

730 S. ILAKEE AVE

City

LAKE ALFRED

FL

Zip Code

33881

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

*Nathan E. McGuire*

NATHAN E. MCGUIRE

APRIL 18, 01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election of Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, WADE C 1816 3RD COURT SE WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COX, JOHN D 301 PILOT PLACE WINTER HAVEN FL 33831	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAHAM, BILL P.O. BOX 288 NA PUTNEY VT 05346	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, JOHN 301 PILOT PL. WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCGUIRE, NATHAN E 730 S. ILAKEE AVE. WINTER HAVEN FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAHAM, BILL 104 AVIATION DR. WINTER HAVEN FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or trustee empowered to execute this report as required by Chapter 617, 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:

*John D. Cox* JOHN D. COX Pres. D.

APRIL 18, 01

816.628.6642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90180 026 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE