

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90102 019 \*\*\*\*61.25

DOCUMENT # N98000003998

1. Entity Name

AV-3 INC.

**DO NOT WRITE IN THIS SPACE**

644381

2. Principal Place of Business

730 S. ILAKEE AVE

Suite, Apt. #, etc.

3. Mailing Address

730 S. ILAKEE AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE ALFRED FL

City & State

LAKE ALFRED FL

4. FEI Number

59-2943069

Applied For

Not Applicable

Zip

33850

Country

USA

Zip

33850

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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

33850

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

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME COX, JOHN  
STREET ADDRESS 301 PILOT PL.  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE VTE  
NAME MCGUIRE, NATHAN E.  
STREET ADDRESS 730 S. ILAKEE  
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE SD.  
NAME GRAHAM, BILL  
STREET ADDRESS PO. BOX 288 NA  
CITY-ST-ZIP PUTNEY, VT 05346

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John D Cox JOHN D. COX PRES D.

APRIL 18, 02 816 628 6662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)