

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 06, 2000 8:00 am**
Secretary of State

05-06-2000 90159 001 ***211.25

DOCUMENT # N99000005831

1. Entity Name

A.V.I.D. NATIONAL, INC.

Principal Place of Business

Mailing Address

**401 SOUTH COUNTY ROAD #2830
PALM BEACH FL 33480****P O BOX 2830
PALM BEACH FL 33480-2830****12116**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**401 South County Rd
2830****Palm Beach, FL****33480****USA**

4. FEI Number

☒ Applied For☐ Not Applicable

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

**STAR-CAMPBELL, WANDA T
7501 CLARKE ROAD
WEST PALM BEACH FL 33406**

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

**FILE NOW:
FEE IS \$61.25**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VD	CAMPBELL, RICHARD C	401 SOUTH COUNTY ROAD #2830	PALM BEACH FL 33480				
PD	STARR-CAMPBELL, WANDA T	401 SOUTH COUNTY ROAD #2830	PALM BEACH FL 33480				
SD	CAMPBELL, CHELSEA	401 SOUTH COUNTY ROAD #2830	PALM BEACH FL 33480				

CR2E037 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE
4/28/00
(561) 434-0338