

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 00000022144

1. Entity Name

Avalon Legal Information Services, Inc.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90040 001 ***150.00

770100

Principal Place of Business

Mailing Address

885 Willow Run
Ormond Beach, FL.
32174P.O. Box 730102
Ormond Beach, FL
32173-0102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

- George W. Kent
885 Willow Run
Ormond Beach, FL
32174

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	George W. Kent
STREET ADDRESS		STREET ADDRESS	885 Willow Run
CITY-ST-ZIP		CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	Director
STREET ADDRESS		STREET ADDRESS	George W. Kent
CITY-ST-ZIP		CITY-ST-ZIP	885 Willow Run
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	Ormond Beach, FL 32174
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Kent

4/30/01

Date

Daytime Phone #

(904) 673-0449

CR2E034 (11/00)

MANAGER, CUSTOMER SERVICES
UNITED STATES POSTAL SERVICE

Attachment
P00000022144
770100



UNITED STATES
POSTAL SERVICE

May 2, 2001

To Whom It May Concern:

The enclosed piece of mail was returned back to the sender in error by the United States Postal Service in error. Please accept our apology for any inconvenience this may have caused your company.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Evans", written over a horizontal line.

Thomas M. Evans