

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90153 037 ***150.00

DOCUMENT # P00000022144



1. Entity Name
AVALON LEGAL INFORMATION SERVICES, INC.

Principal Place of Business
885 WILLOW RUN
ORMOND BEACH FL 32174

Mailing Address
P O BOX 730102
ORMOND BEACH FL 32173-0102

60023314



2. Principal Place of Business

73 Loggerhead Ct.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PONCE INLET, FL

City & State

4. FEI Number 59-3713509

Applied For

Not Applicable

Zip 32127

Country U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KENT, GEORGE W JR
885 WILLOW RUN
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

(SAME)

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

73 Loggerhead Ct.

City

PONCE INLET

FL

Zip Code

32127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *George W. Kent, Jr.*
Signature, typed or printed name of registered agent and title if applicable.

GEORGE W. KENT, JR.

4/23/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KENT, GEORGE W
STREET ADDRESS 885 WILLOW RUN
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE (SAME)
NAME (SAME) ☒ Change ☐ Addition
STREET ADDRESS 73 Loggerhead Ct
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 607, 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: *George W. Kent, Jr.* 4/23/03 (386)255-1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)