

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032045

1. Entity Name  
AVN ENTERPRISES, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90287 029 \*\*\*158.75

Principal Place of Business  
4200-J TAMiami TR.  
PORT CHARLOTTE FL 33952

Mailing Address  
P.O. DRAWER 511447  
PUNTA GORDA FL 33951-1447

2. Principal Place of Business  
4200-J Tamiami Tr.  
Suite, Apt. #, etc.

3. Mailing Address  
4200-J Tamiami Tr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Port Charlotte, FL  
Zip  
33952  
Country

City & State  
Port Charlotte, FL  
Zip  
33952  
Country  
U.S.A.

4. FEI Number  
65-0995051  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HACKETT, JACK O II  
115 W. OLYMPIA AVE.  
PUNTA GORDA FL 33951

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City 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 \_\_\_\_\_ (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 State**

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

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shelley Taylor Shelley Taylor 4/16/01 941-769-7137  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)