


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-05-2004 90209 038 ***150.00

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| DOCUMENT # <u>P00000040683</u> |  |
| 1. Entity Name <u>AVANTI CONSULTING, INC</u> | |

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|---|-----------------------------------|
| 2. Principal Place of Business <u>104 CRESTVIEW DR</u> | 3. Mailing Address <u>SAME</u> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-----------------------------------|--------------------------------|
| City & State <u>BRANDON FL</u> | City & State |
| Zip <u>33511</u> | Country <u>Hillsborough</u> |

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| 4. FEI Number <u>59-3639811</u> | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of Current Registered Agent | |
| Name <u>JACIE KORTA</u> | |
| Street Address (P.O. Box Number is Not Acceptable) <u>14502 N. DALE MADEY</u> | |
| City <u>TAMPA</u> | FL Zip Code <u>33549</u> |

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| 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 <u>Amelia J. Cassano</u> <u>6/7/04</u> <u>4/30/04</u> |
| Signature, typed or printed name of registered agent and date (Applicable) | (NOTE: Registered Agent signature required when relinquishing) |

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| January 1 - May 1 Fee is \$450.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>PRESIDENT</u> <u>AMELIA J. CASSANO</u> <u>104 CRESTVIEW DR</u> <u>BRANDON, FL 33511</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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 on an attachment with an address, with all other like empowered | SIGNATURE: <u>Amelia J. Cassano</u> <u>4/30/04</u> <u>813 689-1876</u> |
| Signature and typed or printed name of signing officer or director | Date Daytime Phone # |

CR2034B (12/02)