

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

FILED
Jun 04, 2002 8:00 A.M.
Secretary of State

DOCUMENT #

1. Entity Name

P00000074110
Avalon Design Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6200 30th Street South

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

Same

Zip

33712

Country

USA

Zip

Same

Country

4. FEI Number

59536273827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robert D.B. Burns

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

6200 30th Street South

City

St Petersburg

FL

Zip Code

33712

**DO NOT WRITE
IN THIS SPACE**

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)

5/29/02
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

*President
Robert D.B. Burns
6200 30th Street South
St Petersburg FL 33712*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100005823941--8
06/18/02-01085-005
******150.00 ****150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Vice President
Kathleen Jo Burns
6200 30th Street South
St Petersburg FL 33712*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen Jo Burns *Kathleen Jo Burns*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/02
Date

727 8666-0562
Daytime Phone #

CR20034R (12/01)