2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90118 011 ***150.00

0450764 AV

DOCUMENT # P01000017440

1. Entity Name
DAN AVILA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10200 GANDY BLVD #201 ST PETERSBURG FL 33702	10200 GANDY BLVD #201 ST PETERSBURG FL 33702

B00098740

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
855 117th ter N	855 117th ter N
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State St. Pete, FL	City & State St. Pete, FL
Zip 33716 Country USA	Zip 33716 Country USA

4. FEI Number 593698956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACK, SEDRIC 3606 CENTRAL AVE ST PETERSBURG FL 33711	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 ____________________
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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVILA, DAN 10200 GANDY BLVD #201 ST PETERSBURG FL 33702 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Avila, Dan 855 117th ter N #1 St. Pete, FL 33716 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Dan Avila Dan Avila 4/19/02 7275764529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #