FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90666 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000023301

1. Entity Name

AVTS, INC.

DO NOT WRITE IN THIS SPACE

B0064417

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1636 WAMBOLT STREET	1636 WAMBOLT ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32202 Country: USA	Zip: 32202 Country: USA

4. FEI Number: 59-3703346 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALAN B. VLCEK

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

1636 WAMBOLT STREET

City: JACKSONVILLE FL Zip Code: 32202

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] ALAN B. VLCEK 04/02/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is 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)

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	PRES/DIR
NAME	THOMAS C. SCHULTZ
STREET ADDRESS	1636 WAMBOLT STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VP/DIR
NAME	ALAN R. VANDERHOEF
STREET ADDRESS	1636 WAMBOLT STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: [signature] THOMAS C. SCHULTZ 04/02/02 (904)358-7120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #