

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90167 001 ***158.75

DOCUMENT # P01000066382

1. Entity Name
D AVANZO REALTY INC.



Principal Place of Business
**1630 ROBERT ST
LONGWOOD FL 32750**

Mailing Address
**1630 ROBERT ST
LONGWOOD FL 32750**



2. Principal Place of Business
1575 Lake Francis DR.

3. Mailing Address
1575 Lake Francis DR.

Suite, Apt. #, etc.
Apopka, FL

Suite, Apt. #, etc.

City & State

City & State
Apopka, FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3741490**

Applied For
Not Applicable

Zip
32712

Country
USA

Zip
32712

Country
USA

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

**AVANZO, JONATHAN D
1630 ROBERT ST
LONGWOOD FL 32750**

Name **D'AVANZO, Jonathan R.**

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

1575 Lake Francis DR

City **Apopka**

FL

Zip Code
32712

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-25-03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **AVANZO, JONATHAN D**
STREET ADDRESS **1630 ROBERT ST**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **President** ☒ Change ☐ Addition
NAME **D'AVANZO, Jonathan R.**
STREET ADDRESS **1575 Lake Francis DR.**
CITY-ST-ZIP **Apopka, FL 32712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-03 407-886-3193

Date Daytime Phone #

CR2E034 (10/02)