

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90104 043 ***150.00

DOCUMENT # PO1000093749
1. Entity Name
Avaltek, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
133 Cambridge Ct
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 33305
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Indian Lantic FL

City & State
Indian Lantic FL

Zip
32903 Country
Brevard

Zip
32903 Country
Brevard

4. FEI Number
593748484 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
Valerie A. Lewis

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

City
Indian Lantic **FL** Zip Code
32903

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	<u>President Valerie A. Lewis 133 Cambridge Ct Indian Lantic FL 32903</u>	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: Valerie A. Lewis Valerie A. Lewis 4/22/2002 321768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)