

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91349 050 ***150.00

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DOCUMENT # P01000094526

1. Entity Name

AVTECH COMPUTER SERVICE, INC.



Principal Place of Business
**2717 SEVILLE BL STE 11107
CLEARWATER FL 33764**

Mailing Address
**2717 SEVILLE BL STE 11107
CLEARWATER FL 33764**

2. Principal Place of Business
1110 Pelican Place
Suite, Apt. #, etc.

3. Mailing Address
1110 Pelican Place
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Safety Harbor, FL

City & State
Safety Harbor, FL

4. FEI Number **59-3745045**

Applied For
Not Applicable

Zip Country
34695 Pinellas

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34695 Pinellas

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

6. Name and Address of Current Registered Agent

**COLBERT, ARNOLD
2717 SEVILLE BL STE 11107
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1110 Pelican Place
City
Safety Harbor FL Zip Code
34695

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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD COLBERT, ARNOLD
26717 SEVILLE BL STE 11107
CLEARWATER FL 33763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1110 Pelican Place
Safety Harbor, FL 34695 ☒ 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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Arnold Colbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-03

Date

Daytime Phone #

CR2E034 (10/02)