

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90406 032 ***150.00

0063205

DOCUMENT # P34772

1. Entity Name

AVS COMPANY

Principal Place of Business

**3208-C EAST COLONIAL DRIVE, SUITE 209
 ORLANDO FL 32803**

Mailing Address

**3208-C EAST COLONIAL DRIVE, SUITE 209
 ORLANDO FL 32803**

00054819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1067 Rainer Drive
 Suite, Apt. #, etc.

3. Mailing Address

1067 Rainer Drive
 Suite, Apt. #, etc.

Ste 1001-209
 City & State

Suite 1001-209
 City & State

Altamonte Springs FL

Altamonte Springs FL

4. FEI Number **59-3059199**

Applied For

Not Applicable

Zip Country
32714 USA

Zip Country
32714 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

**WOLKING, PAUL
 3208-C E COLONIAL DR STE 209
 SUITE 209
 ORLANDO FL 32803**

Name

Paul Wolking

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

1067 Rainer Drive #1001-209

Altamonte Springs FL

City

FL

Zip Code

32714

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

Paul Wolking **Paul Wolking**

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

(If F.E. Registered Agent signature required when reinstating)

4/30/01

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, 2001 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 **PD** ☐ Delete
 NAME **WOLKING, PAUL**
 STREET ADDRESS **3108 NEALWOOD AVE**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **VP** ☒ Delete **XX**
 NAME **BANKS, JAMES A**
 STREET ADDRESS **1910 JENNINGS CT**
 CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

Paul Wolking **Paul Wolking**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)