

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P34772

FILED
Apr 29, 2003
Secretary of State

Entity Name: AVS COMPANY

Current Principal Place of Business:

1067 RAINER DRIVE
SUITE 1001-209
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

3108 NEALWOOD AVE
SUITE 209
ORLANDO, FL 32806

Current Mailing Address:

1067 RAINER DRIVE
SUITE 1001-209
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

3108 NEALWOOD AVE
SUITE 209
ORLANDO, FL 32806

FEI Number: 59-3059199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLKING, PAUL
1067 RAINER DRIVE
SUITE 1001-209
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WOLKING, PAUL
3108 NEALWOOD AVE
SUITE 209
ORLANDO, FL 32806 US

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:

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOLKING, PAUL
Address: 3108 NEALWOOD AVE
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOLKING, PAUL
Address: 3108 NEALWOOD AVE
City-St-Zip: ORLANDO, FL 32806 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL WOLKING

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date