

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90185 018 \*\*\*150.00

**DOCUMENT # P94000010814**

1. Entity Name  
**A/V CONSTRUCTION, INC.**



Principal Place of Business  
**5579 ANN ARBOR DR  
BOKEELIA FL 33922-3001**

Mailing Address  
**P.O. BOX 628  
PINELAND FL 33945**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **5627 ANN ARBOR DR**  
City & State **BOKEELIA FL**  
Zip **33922** Country

Suite, Apt. #, etc. **5627 ANN ARBOR DR**  
City & State **BOKEELIA FL**  
Zip **33922** Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0137731**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, RUSSELL M  
5579 ANN ARBOR DR  
BOKEELIA FL 33922-3001**

7. Name and Address of New Registered Agent

Name **John E Dome**  
Street Address (P.O. Box Number is Not Acceptable)  
**5627 ANN ARBOR DR**  
City **BOKEELIA** FL Zip Code **33922**

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 **John E Dome President** DATE **3/03/03**

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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RUSSELL M	
STREET ADDRESS	5579 ANN ARBOR DR	
CITY-ST-ZIP	BOKEELIA FL 33922-3001	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOME, JOHN E	
STREET ADDRESS	5579 ANN ARBOR DR	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GRAZIELLA T	
STREET ADDRESS	5579 ANN ARBOR DR	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Dome	
STREET ADDRESS	5627 ANN ARBOR DR	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Dome	
STREET ADDRESS	5627 ANN ARBOR DR	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **RUSSELL M SMITH** DATE **2/11/03** **239 283 9310**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)