

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90031 018 \*\*\*150.00

**DOCUMENT # P95000026508**

1. Entity Name  
**AVIAN, INC.**

Principal Place of Business

Mailing Address

**2706 HORSESHOE DRIVE, SUITE 106  
 NAPLES FL 34104  
 US**

**2706 HORSESHOE DRIVE, SUITE 106  
 NAPLES FL 34104  
 US**

**713783**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0573817**

Applied For

Not Applicable

Zip

County

Zip

County

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

**RANKIN, DOUGLAS L  
 2335 TAMiami TRl N, 308  
 NAPLES FL 33940**

Name **C. PATRICK WARREN**

Street Address (P.O. Box Number is Not Acceptable) **1005 TARPON COVE DR #102**

City **NAPLES**

FL

Zip Code **34110**

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 **C. Patrick Warren**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/06/2001**

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 **D** ☐ Delete  
 NAME **WARREN, C P**  
 STREET ADDRESS **2706 S HORSESHOE #106**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **C. Pat Warren** ☒ Change ☐ Addition  
 NAME **C. PAT WARREN**  
 STREET ADDRESS **1005 TARPON COVE DRIVE #102**  
 CITY-ST-ZIP **NAPLES, Florida 34110**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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: **CORNELIUS PATRICK WARREN Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**02/06/01 267-6625**

CR2E034 (10/00)