

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90137 048 ***150.00

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DOCUMENT # P95000060017 2

1. Entity Name
AVENUES EAST, INC.



Principal Place of Business 411 FIRST ST SOUTH JACKSONVILLE BEACH FL 32250 US	Mailing Address 411 FIRST ST. SOUTH JACKSONVILLE BEACH FL 32250 US
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2. Principal Place of Business	3. Mailing Address 2809 OCEAN DR. SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE BEACH, FL.	City & State JACKSONVILLE BEACH, FL.	4. FEI Number 59-3327374	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32250	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SIMON, BERT C
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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

<p>TITLE NAME: PTS SENHART, NECDET <input type="checkbox"/> Delete</p> <p>STREET ADDRESS: 411 FIRST STREET SOUTH</p> <p>CITY-ST-ZIP: JACKSONVILLE BEACH FL 32250</p>	
<p>TITLE NAME: _____ <input type="checkbox"/> Delete</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>	
<p>TITLE NAME: _____ <input type="checkbox"/> Delete</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>	
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<p>TITLE NAME: _____ <input type="checkbox"/> Delete</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>	
<p>TITLE NAME: _____ <input type="checkbox"/> Delete</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>TITLE NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>	
<p>TITLE NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>	
<p>TITLE NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>	
<p>TITLE NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>	
<p>TITLE NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>	
<p>TITLE NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>	

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: *Necdet Senhart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NECDET SENHART Date: 12 JUNE '03 (904) 249-6600
Daytime Phone #

CP2E034 (10/02)

Attachment #

90139703

P95000060017

Avenues East, Inc.
2809 Ocean Drive South
Jacksonville Beach, Florida 32250
(904) 249-6600 Phone
(904) 249-8998 Fax

To: Florida Divisions of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Date: June 10, 2003

Dear Sir/Madam,

We regret for the delay; this is our first in many years of timely payment. We moved into a different office and the updating of our change of address caused some confusion in shifting and locating documents. We have enclosed the filing fee amount of \$150.00 along with the 2003 Uniform Business Report.

We thank you for your anticipated consideration.

Please feel free to contact us should you need anything else.

Nipa Polnoi



Accounting Department