

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072291

1. Entity Name  
AVINTI, INC.

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90002 034 \*\*\*150.00

Principal Place of Business

RT 1 BOX 794105  
MACCLENNY FL 32063

Mailing Address

PO BOX 1191  
MACCLENNY FL 32063

2. Principal Place of Business

8785 Dupree Rd

3. Mailing Address

8785 Dupree Rd

Suite, Apt. #, etc.

Macleenny

Suite, Apt. #, etc.

Macleenny

City & State

FL

City & State

FL

Zip

32063

Country

USA

Zip

32063

Country

USA

4. FEI Number 59-3342739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARRY, CAROL  
RR 1 BOX 794  
MACCLENNY FL 32063

7. Name and Address of New Registered Agent

Name Carol Barry

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

8785 Dupree Rd

City

Macleenny

FL

Zip Code

32063

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 Carol Barry

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

Carol Barry

(NOTE: Registered Agent signature required when reinstating)

4/23/01

DATE

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

TITLE P  
NAME BARRY, CAROL  
STREET ADDRESS RT. BOX 794  
CITY-ST-ZIP MACCLENNY FL

☐ Delete

TITLE VP  
NAME BROSCHKE, BRYANT K  
STREET ADDRESS RT. BOX 794  
CITY-ST-ZIP MACCLENNY FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

8785 Dupree Rd  
Macleenny FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

8785 Dupree Rd  
Macleenny FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Carol Barry

Carol Barry

Date

Daytime Phone #

3214

CR2E034 (10/00)

0449069