## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Feb 14, 2001 8:00 am DOCUMENT # P95000085487 . Secretary of State 1. Entity Name AVARD ENTERPRISES, INC. 02-14-2001 90026 021 \*\*\*150.00 Principal Place of Business Mailing Address 1635 PINE RIDGE RD 1635 PINE RIDGE RD. NAPLES FL 34109 NAPLES FL 34109 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0625924 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAEGER, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 1635 PINE RIDGE RD NAPLES FL 34109 Zip Code FL 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** 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. □ Delete TIT! F ☐ Change ☐ Addition TITLE JAEGER, RICHARD L NAME NAME STREET ADDRESS STREET ADDRESS 9070 THE LANE CITY-ST-ZIP CITY+ST-7IP NAPLES FL 34109 ☐ Delete ☐ Change ☐ Addition TITLE TITLE JAEGER, ANNE M NAME NAME 9070 THE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 TITLE ☐ Delete \_\_\_Change -☐ Addition \_TITLE \_\_\_ BURNS, DAVID R NAME NAME 1278 GRAND CANAL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 region 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 attacl ht with an address, with all other like empowered.

OFFICER OR DIRECTOR

2/12/01

941-597-6494

Daytime Phone #