

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90001 034 ***158.75

DOCUMENT # P96000085864

1. Entity Name
ALAVI, BIRD, & POZZUTO, P.A.



Principal Place of Business
20 S MAGNOLIA AVENUE
OCALA, FL 34474 US
*108 N. magnolia Ave. Suite 600
Ocala, FL 34475*

Mailing Address
107 NE 1ST AVE
OCALA, FL 34470 US

4003200



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3400343

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BIRD, CHRISTINE N
804 SE 8TH ST
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BIRD, CHRISTINE N
STREET ADDRESS	20 S MAGNOLIA AVE <i>108 N. magnolia Ave.</i>
CITY-ST-ZIP	OCALA, FL 34475 <i>Suite 600</i>
TITLE	D
NAME	ALAVI, TANIA Z
STREET ADDRESS	20 S MAGNOLIA AVENUE <i>108 N. magnolia Ave.</i>
CITY-ST-ZIP	OCALA, FL 34475 <i>Suite 600</i>
TITLE	D
NAME	POZZUTO, ANDREW T
STREET ADDRESS	20 S MAGNOLIA AVENUE <i>108 N. magnolia Ave.</i>
CITY-ST-ZIP	OCALA, FL 34475 <i>Suite 600</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* Tania Alavi 352-732-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #