

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098325

1. Entity Name  
AVALON MARKETING GROUP, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90118 035 \*\*\*150.00

Principal Place of Business  
840 NORMANDY TRACE ROAD  
TAMPA FL 33602

Mailing Address  
840 NORMANDY TRACE ROAD  
TAMPA FL 33602

00052316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
718 S. HOWARD AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
718 S. HOWARD AVENUE  
Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FL

4. FEI Number 59-3419350

Applied For  
Not Applicable

Zip 33606

Country USA

Zip 33606

Country USA

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

ROWE, JAMES C ESQ.  
100 2ND AVENUE, SOUTH --  
SUITE 400N  
ST. PETERSBURG FL 33701

Name CHRIS FERGUSON, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
WHITEMORE, FERGUSON PA.  
ONE BEACH DRIVE, SE # 205  
City ST. PETERSBURG FL Zip Code 33701

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 CHRISTOPHER FERGUSON

(NOTE: Registered Agent signature required when reinstating)  
DATE 4-26-01

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 PSD  
NAME WILLIAMS, DAVID E II  
STREET ADDRESS 840 NORMANDY TRACE RD  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE PSD  
NAME WILLIAMS, DAVID E II  
STREET ADDRESS 718 S. HOWARD AVENUE  
CITY-ST-ZIP TAMPA, FL 33606 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-254-4100

CR2E034 (10/00)