

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

3/7

03-24-2003 90168 024 \*\*\*150.00

**DOCUMENT # P97000018007**

1. Entity Name  
**AV 8, INC.**



Principal Place of Business  
**5401 EAST PERIMETER RD  
FT. LAUDERDALE FL 33309**

Mailing Address  
**5401 EAST PERIMETER RD  
FT. LAUDERDALE FL 33309**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0735845**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ZIMMER, CORWIN J  
5401 NW 15TH AVE.  
FT. LAUDERDALE FL 33309**

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  DATE **03/20/03**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete

NAME **ZIMMER, CORWIN J**

STREET ADDRESS **5401 EAST PERIMETER RD**

CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

Change  Addition

TITLE **D**  Delete

NAME **BOICH, WAYNE**

STREET ADDRESS **5401 EAST PERIMETER RD**

CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

Change  Addition

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

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: **SIGNATURE REQUIRED**  DATE **04/07/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-776-4515 Daytime Phone #

CR2E034 (10/02)