

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90137 029 ***150.00

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DOCUMENT # P97000024710

1. Entity Name
AVG ENTERPRISES, INC.



Principal Place of Business
**4903 NEW PROVIDENCE AVE.
TAMPA FL 33629**

Mailing Address
**4903 NEW PROVIDENCE AVE.
TAMPA FL 33629**



2. Principal Place of Business
5125 FLICKER FIELD CIR
Suite, Apt. #, etc.

3. Mailing Address
PO Box 22227
Suite, Apt. #, etc.

City & State
SANASOTA FL
Zip
34231

City & State
SANASOTA FL
Zip
34276

4. FEI Number
59-3458739

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

**GERVAIT, ANNA V
4903 NEW PROVIDENCE AVE.
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name
GERVAIT, Anna V
Street Address (P.O. Box Number is Not Acceptable)
5125 FLICKER FIELD CIR
City
SANASOTA FL Zip Code
34231

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]* **Anna Gervait Director** **1/15/2003**
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, 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

TITLE D	<input type="checkbox"/> Delete
NAME GERVAIT, ANNA V	
STREET ADDRESS 4903 NEW PROVIDENCE AVE.	
CITY-ST-ZIP TAMPA FL 33629	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5125 FLICKER FIELD CIR	
CITY-ST-ZIP SANASOTA FL 34231	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2003 941 923 9264
Date Daytime Phone #

CR2E034 (10/02)