

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90050 002 \*\*\*150.00

DOCUMENT # P97000036363

1. Entity Name

AIR VOICE ONE, INC.

Principal Place of Business

7598 - 14TH STREET NORTH  
ST. PETERSBURG FL 33702

Mailing Address

7598 - 14TH STREET NORTH  
ST. PETERSBURG FL 33936-6856

2. Principal Place of Business

116 CANTON AVE

3. Mailing Address

P.O. Box 60854

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES FL

City & State

FT MYERS FL

Zip

33972

Country

LEE

Zip

33906

Country

LEE

4. FEI Number

59-3446019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMARI, STEVYN  
7598 - 14TH STREET NORTH  
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name STEVYN AMARI  
Street Address (P.O. Box Number is Not Acceptable)  
116 CANTON AVENUE

City

LEHIGH ACRES

FL

Zip Code

33972

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

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	AMARI, STEVIN	
STREET ADDRESS	7598 - 14TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VT	<input type="checkbox"/> Delete
NAME	AMARI, SUSAN	
STREET ADDRESS	7598 14TH ST NORTH	
CITY-ST-ZIP	ST PETERSBURGH FL 33702	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARI, STEVYN	
STREET ADDRESS	116 CANTON AVENUE	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARI, SUSAN	
STREET ADDRESS	116 CANTON AVENUE	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
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		

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

941-275-5107

Daytime Phone #

CR2E034 (9/99)