

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039541

1. Entity Name
AVALON INVESTMENT CORP. OF HERNANDO COUNTY



FILED

03 FEB -5 PM 1:41

Principal Place of Business
11036 SPRING HILL DR.
SPRING HILL FL 34608

Mailing Address
11036 SPRING HILL DR.
SPRING HILL FL 34608

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business
5330 Spring Hill Dr.
Suite, Apt. #, etc.

3. Mailing Address
5330 Spring Hill Dr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Spring Hill, FL

City & State
Spring Hill, FL

4. FEI Number 59-3443793

Applied For
Not Applicable

Zip Country
34608 USA

Zip Country
34608 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PV HOWARD, PAUL D 11036 SPRING HILL DR SPRING HILL FL 34608 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
100011788871 02/04/03--01078--001 **158.75 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PV Harris, Jerry 5330 Spring Hill Dr. Spring Hill, FL 34608 ☐ 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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

Date

Daytime Phone #

CR2034 (10/02)