

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052536

1. Entity Name

AAVTEC, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90015 019 ***150.00

Principal Place of Business

2126 EDGEWOOD DRIVE
SUITE 13
LAKELAND FL 33803
US

Mailing Address

2126 EDGEWOOD DRIVE
SUITE 13
LAKELAND FL 33803-3645
US

2. Principal Place of Business

2126 E. Edgewood Dr.

Suite, Apt. #, etc.

Suites # 3 & # 4

City & State

Lakeland, FL

Zip

33803

Country

USA

3. Mailing Address

2126 E. Edgewood Dr

Suite, Apt. #, etc.

Suites # 3 & # 4

City & State

Lakeland, FL

Zip

33803

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BABCOCK, ANNETTE
2126 EDGEWOOD DR
SUITE 13 # 3 & # 4
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Annette Babcock

Street Address (P.O. Box Number is Not Acceptable)

2126 E. Edgewood Dr

Suites # 3 & # 4

City

Lakeland

FL

Zip Code

33803

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 NAME STREET ADDRESS CITY - ST - ZIP	VP VINCENT, VERNON 921 POINT VIEW LANE LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BABCOCK, ANNETTE 8733 MT ROYAL LANE LAKELAND FL 33809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/3/00

Date

863-669-0808

Daytime Phone #

CR2E034 (9/99)