

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90181 020 ***150.00

00025781

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000054 222

1. Entity Name

AVI - J, INC.

Principal Place of Business

Mailing Address

9945 GR. 44
 LEBESBURG, FL. 34788
 US

400 Gilston Ct.
 LAKE Mary
 FL. 32746 45

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

GRAND ISLAND FL.

32735-0267 U.S.A.

4. FEI Number

Applied For

Not Applicable

59-3455630

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete

TITLE NAME ☒ Change ☐ Addition

Emile Sarran
 400 Gilston Ct
 LAKE Mary FL. 32546

P.O. Box 350267
 GRAND Island FL. 32735-0267

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS CITY-ST-ZIP

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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

2/15/00

Date

(352) 314-9855

Daytime Phone #

CR2E034 (9/99)