

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90131 034 ***150.00

DOCUMENT # P97000069859

1. Entity Name
AVALON REPORTING SERVICE, INC.

Principal Place of Business
4115 NW 96 TERRACE
SUNRISE FL 33351

Mailing Address
4115 NW 96 TERRACE
SUNRISE FL 33351



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0777984**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SLOGAN, AURORA
4115 NW 96 TERRACE
SUNRISE FL 33351

Name **SLOAN, AURORA C.**

Street Address (P.O. Box Number is Not Acceptable)
4115 N.W. 96 Terr

City **Sunrise,** FL Zip Code **33351**

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, 2002 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 **PSTV SLOAN, AURORA C**
 STREET ADDRESS **702 NE 115TH STREET**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE
 NAME **PSTV SLOAN, AURORA C.**
 STREET ADDRESS **4115 N.W. 96 Terr.**
 CITY-ST-ZIP **Sunrise, FL 33351**

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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, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/02 (954) 572-3002

CR2E034 (9/01)