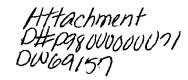
🚧 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jul 11, 2000 8:00 am Secretary of State DOCUMENT # P9800000071 1. Entity Name AVI*XOTIX 07-11-2000 90175 045 ***150.00 Principal Place of Business Mailing Address 184 SPRING LAKE HIGHWAY 184 SPRING LAKE HIGHWAY BROOKSVILLE FL 34602 **BROOKSVILLE FL 34602** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3484392 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ~ 7. Name and Address of New Registered Agent -Name LAMBERSON, BILL S Street Add 184 SPRING LAKE HWY **BROOKSVILLE FL 34612** City RROOKSVILLE 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. DATE typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete **X** Addition TITLE TITLE MELLINY S. LAMBERSON LAMBERSON, BILL J NAME NAME 184 SPRING LAKE HWY STREET ADDRESS STREET ADDRESS 184 SPRING LAKE HIGHWAY CITY-ST-ZIP BROOKSVILLE FL 34602 CITY-ST-ZIP **BROOKSVILLE FL 34602** Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP Addition ☐ Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:



Bill Lamberson AVI*XOTIX 184 Spring Lake Highway Brooksville FL 34602 Phone 352 796 5557 Fax 352 848 1098 Email avx@innet.com

File

UBR 000707.doc

7/7/00

Division Of Corporations
Uniform Business Report Filings
P.O. Box 1500 _____
Tallahassee, FL 32302-1500

Dear Divisions Of Corporations:

We did not receive the first notice of the 2000 Uniform Business Report. Per instructions from one of your representatives on July 6, 2000, I am respectively requesting that the late filing penalty be waived and am enclosing a check for \$150.

Thank you for your consideration in this matter.

Sincerely,

Bill Lamberson AVI*XOTIX

full lanleron