

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000071

1. Entity Name
AVI*XOTIX

R

Principal Place of Business
184 SPRING LAKE HIGHWAY
BROOKSVILLE FL 34602

Mailing Address
184 SPRING LAKE HIGHWAY
BROOKSVILLE FL 34602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3484392

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMBERSON, BILL S
184 SPRING LAKE HWY
BROOKSVILLE FL 34612

Name LAMBERSON, BILL J

Street Address (P.O. Box Number is Not Acceptable)
184 SPRING LAKE HWY

City BROOKSVILLE

FL

Zip Code 34602

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 Bill Lamberson

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME LAMBERSON, BILL J
STREET ADDRESS 184 SPRING LAKE HIGHWAY
CITY-ST-ZIP BROOKSVILLE FL 34602

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE D
NAME MELLINY S. LAMBERSON
STREET ADDRESS 184 SPRING LAKE HWY
CITY-ST-ZIP BROOKSVILLE FL 34602

☐ Change ☒ Addition

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: Bill Lamberson REQUIRED BILL LAMBERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-7-00

Daytime Phone #

CR2E034 (5/00)

Attachment
D#P98000000071
DW69157

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 respectfully 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