## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am Secretary of State **DOCUMENT #** P98000000337 1. Entity Name AVS CAPE CORAL, INC. 05-14-2002 90283 045 \*\*\*155.00 Principal Place of Business Mailing Address 1828 S.E. 6TH STREET 1828 S.E. 6TH STREET CAPE CORAL FL 33990 CAPE CORAL FL 33990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0803241 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEROUEN, SHELLY A Street Address (P.O. Box Number is Not Acceptable) 1953 COLONIAL BLVD FT. MYERS FL 33907 City Zin Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will the \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME Kornienko, sergei NÀME STREET ADDRESS 1828 S.E. 6TH STREET STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 C!TY-ST-ZIP TITLE VSD Delete TITLE ☐ Addition ☐ Change NAME JERIKOV, ANDREI NAME STREET ADDRESS 1828 S.E. 6TH STREET STREET ADDRESS CiTY-ST-7IP CAPE CORAL FL 33990 CITY-ST-ZIP TITLE ٧D ☐ Delete TITLE ☐ Change Addition NAME KORNIENKO, VLADIMIR NAME STREET ADORES: 1828 S.E. 6TH STREET STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 changed, or on an attachment with an another statement with all other the empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

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