

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90168 035 ***150.00

DOCUMENT # **P980000 33014**

1. Entity Name

N. AVE REAL ESTATE INC



DO NOT WRITE IN THIS SPACE

90088216

2. Principal Place of Business

3. Mailing Address

12267 CHAMPIONSHIP CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. FT. MYERS

City & State

4. FEI Number

Applied For

Not Applicable

Zip

33913

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

NORMA AVE

Street Address (P.O. Box Number is Not Acceptable)

12267 CHAMPIONSHIP CIRCLE

City

N. FT. MYERS

FL

Zip Code

33913

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is **\$150.00**

After May 1, Fee is **\$550.00**

Amended UBR is **\$61.25**

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
NORMA AVE
12267 CHAMPIONSHIP CIRCLE
N. FT. MYERS, FL 33913**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: **X**

NORMA N. AVE
NORMA AVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

239-851-7787

Date

Daytime Phone #

CR2E034B (12/02)

attachment

P98000033014



90088216

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 7, 2003

N. AVE REAL ESTATE INC.
12267 CHAMPIONSHIP CIRCLE
FORT MYERS, FL 33913

SUBJECT: N. AVE REAL ESTATE INC.
Ref. Number: P98000033014

Pursuant to our telephone conversation of April 7, 2003, I am enclosing a blank uniform business report as requested.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 403A00020667