

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039706

1. Entity Name
A V H SERVICES, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90487 006 ***163.75

Principal Place of Business

836 EAST VINE STREET
KISSIMMEE FL 34744

Mailing Address

~~836 EAST VINE STREET~~
KISSIMMEE FL 34744

2. Principal Place of Business

1631 E. VINE STREET

Suite, Apt. #, etc.

B

3. Mailing Address

1631 E. Vine street

Suite, Apt. #, etc.

B

City & State

Kissimmee FL

City & State

Kissimmee FLA

Zip

Country

34744

Zip

Country

34744

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

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

CROES, EDWIN

~~836 EAST VINE STREET~~
~~KISSIMMEE FL 34744~~

1631 E. VINE St.

Suite: B

Kissimmee FL 34744

Name

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

City

FL

Zip Code

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, 2001 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 PD
NAME CROES, EDWIN
STREET ADDRESS 836 EAST VINE STREET
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSTD
NAME CROES, MIGDALIA
STREET ADDRESS 836 EAST VINE STREET
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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:

EDWIN CROES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-01 (702) 842-0883

Date

Daytime Phone #

CR2E034 (10/00)