

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # P98000062713

1. Entity Name
AVERY NAVY, INC.

FILED

00 AUG 23 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6080 E IRLO BRONSON HWY ST CLOUD FL 34771

Mailing Address
6080 E IRLO BRONSON HWY ST CLOUD FL 34771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6080 Durbin Rd.

3. Mailing Address
6080 Durbin Rd

City & State
St. Cloud FL

City & State
St. Cloud FL

Zip
34771

Country
USA

4. FEI Number
59-3521183

Applied For
☐ Not Applicable

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**AVERY, ANITA
6080 E IRLO BRONSON HWY ST CLOUD FL 34771**

7. Name and Address of New Registered Agent

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, 2000 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 D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AVERY, ANITA		NAME	
STREET ADDRESS 6080 E IRLO BRONSON HWY		STREET ADDRESS 6080 Durbin Rd.	
CITY-ST-ZIP ST CLOUD FL 34771		CITY-ST-ZIP St. Cloud, FL 34771	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anita Avery* 2/21/00 (407) 957-494

page 2 of 2

TO: FLORIDA DEPARTMENT OF STATE

FROM: AVERY NAVY, INC. *QA*
ANITA AVERY
6080 DURBIN RD.
ST. CLOUD, FL. 34771
(407) 957-4945

DATE: JULY 15, 2000

SUBJECT: FILING FEE ISSUE

RECENTLY WE RECEIVED A SECOND COPY OF THE 2000 UNIFORM BUSINESS REPORT FORM WITH THE PRINTED NOTATION THAT THE ENTITY WILL BE ADMINISTRATIVELY DISSOLVED. ENCLOSED IS A COPY OF THE ORIGINAL FORM AND THE CLEARED CHECK WE SUBMITTED BEFORE THE FIRST DEADLINE. PLEASE LET US KNOW IF SOMEONE IN YOUR OFFICE COULD REINVESTIGATE THIS SITUATION AND GET BACK TO US. THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

ATTACHMENTS