

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 8:00 am**
Secretary of State

04-05-2001 90094 038 ***158.75

DOCUMENT # P98000080677**1. Entity Name**
AVRU, INC.**Principal Place of Business****ELAINES UNIFORMS**
4720 TOURNAMENT BLVD
SARASOTA FL 34243**Mailing Address****5722 CORTEZ RD W**
SARASOTA FL 34243**2. Principal Place of Business****3. Mailing Address****ELAINES UNIFORMS**

Suite, Apt. #, etc.

5722 CORTEZ RD W

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

Zip

34210

Country

MANATEE

Zip

Country

4. FEI Number 65-0864371

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****STEPHEN F. VOIGT, P.A.**
2414 BEE RIDGE ROAD
SARASOTA FL 34239

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** Allen E. Royce Prez

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

Allen E. Royce Prez

(NOTE: Registered Agent signature required when reinstating)

4/3/01

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	PT	<input type="checkbox"/> Delete
NAME	ROYCE, ALLEN	
STREET ADDRESS	4720 TOURNAMENT BLVD	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ROYCE, VERA	
STREET ADDRESS	4720 TOURNAMENT BLVD	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
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:**Allen E. Royce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen E. Royce4/3/01

Date

941-795-1100

Daytime Phone #

CR2E034 (10/00)