2001 Uniform Business Report (UBR)								FILED  May 21, 2001, 8:00 am					
DOCUMENT # P98000086646  1. Entity Name AUVERLAND AMERICA, INC.							May 21, 2001 8:00 am Secretary of State 05-21-2001 90344 040 ***150.00					Ü	
Principal Plac	ce of Business		Mailing Address										
6610 NORTH UI SUITE 250 TAMARAC FL 3	niversity dr		6610 NORTH UNIVERSITY DRIVE SUITE 250 TAMARAC FL 33321										
2. Principal F	TOFW	oo cida	ાં ૯	DO NOT WRITE IN THIS SPACE									
City & State			City & State  DEFECTION ROPCH FL			4	1 03-0000070			plied For	]		
Zip Country			Zip Co		untry		. Certificate	of Status Desired		\$8.75 Add	ot Applicable litional	┨	
6. Name and Address of Current Re			33442	AZ	7. Name and Address of New Registered Agent					d	1		
	o. Name	* ****** Since Linear F	egistered Ageill		Name		Name and	Address of New	. negisiereu	Agent		1	
6610	NAUD, ALEZ N UNIVERS ARAC FL 33	SITY DR #210		Street Address		dress (P.O	. Box Numbe	r is Not Acceptal	ole)				
					City				FL	Zip Cod	e		
9. This corporate filling a	Signature, typed or pration is eligil requirement a	or printed name of registered agent ar ble to satisfy its Intangible nd elects to do so.	FILE NOW!	Registere	d Agent signature IS \$150.00 will be \$550	required when	reinstating)	n, in the State of l	DATE		<b>0</b> May Be		
	ria on back)		Make Check Payab		epartment o		DDITIONO	NAMOTO TO O	THE THE ANIE	DIBECTOR	2 IN 44	ļ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LASNAUD, 6610 NORT	TH UNIVERSITY DRIVE	Delete	III.	E ET ADDRESS	LASA 793	く く な い な い な	CHANGES TO OF IGHW PORTOF > 860C	B.	Change	☐ Addition	CR2E034 (10/00)	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	III.	I .					Change	☐ Addition		

☐ Delete

TITLE

NAME

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.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

☐ Change

☐ Addition