

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027920

1. Entity Name

AVS LEASING, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90005 027 ***150.00

Principal Place of Business Mailing Address
143 NORTH LANE PO BOX 330
OSPREY FL 34229 OSPREY FL 34229 0550

2. Principal Place of Business 3. Mailing Address
7454 Cove Terr. 7454 Cove Terr.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sarasota FL Sarasota, FL
Zip Country Zip Country
34231 34231



DO NOT WRITE IN THIS SPACE

4. FEE Number 65-092 0805
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ROBENALT, JOHN F
143 NORTH LANE
OSPREY FL 34229

7. Name and Address of New Registered Agent
Name Thomas B. Luzier
Street Address 3400 S. Tamiami Tr. Sk 202
City Sarasota FL 34239

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] DATE 4/28/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBENALT, JOHN F 143 NORTH LANE OSPREY FL 34229 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Thomas B. Luzier 3400 S. Tamiami Tr. Sk 202 Sarasota, FL 34239 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D.P. Ainotair Haddon 7454 Cove Terr Sarasota, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] Thomas B. Luzier 4/28/00 941/366/1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)