

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90043 011 ***150.00

DOCUMENT # P99000036817

1. Entity Name

AVALON FREIGHT SYSTEMS INC.

Principal Place of Business

Mailing Address

7723 ANDERSON RD
 TAMPA FL 33634

7723 ANDERSON RD
 TAMPA FL 33614-7083

2. Principal Place of Business

3. Mailing Address

1422 N. Church ST

10112 Oak Hill Dr

Suite, Apt. #, etc.

Suite, Apt. # etc.

Suite E

Port Richey FL

City & State

City & State

Tampa, FL

Zip
 33614

Country

USA

Zip
 34668

Country

USA

4. FEI Number

65-0906309

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

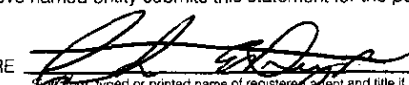
BERMAN, CRAIG
 121 SECOND AVE NE, SUITE 1405
 ST PETERSBURG FL 33701

Name **Berman, Craig**

Street Address (P.O. Box Number is Not Acceptable)
360 Central Avenue, Suite 1260

City **St Petersburg** FL Zip Code **33701**

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 **1-24-00**

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 **President** Delete
 NAME **Kevin Smith**
 STREET ADDRESS **3416 W 46th ST, Cleveland, OH**
 CITY-ST-ZIP **44102**

TITLE **President** Change Addition
 NAME **Joseph E Dwyer**
 STREET ADDRESS **10112 Oak Hill Dr, Port Richey, FL**
 CITY-ST-ZIP **34668**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-24-00**

Date

DAYTIME PHONE # **813-353-1654**

Daytime Phone #

CR2E034 (9/99)