

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036817

1. Entity Name

AVALON FREIGHT SYSTEMS INC.

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

05-09-2000 90043 011 ***150.00

Principal Place of Business

7723 ANDERSON RD
TAMPA FL 33634

Mailing Address

7723 ANDERSON RD
TAMPA FL 33614-7083

2. Principal Place of Business

4422 N. Church ST
Suite, Apt. #, etc.

Suite E
City & State
Tampa, FL

3. Mailing Address

10112 Oak Hill Dr
Suite, Apt. #, etc.

Port Richey FL
City & State



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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)

1-24-00
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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

1-24-00
Date

813-353-1654
Daytime Phone #

CR2E034 (9/99)