

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90008 033 \*\*\*150.00

**DOCUMENT #** P99000042504  
**1. Entity Name**  
 AVAL OF AMERICA, INC. ✓

**Principal Place of Business** 709 Cape Coral Pkwy. West  
 Cape Coral FL 33914  
**Mailing Address** 709 Cape Coral Pkwy. West  
 Cape Coral FL 33914

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
**Zip** **Country**

**4. FEI Number** 593576454  
**Applied For**  
 Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Farmer, Monika E  
 709 Cape Coral Pkwy. West  
 Cape Coral FL 33914

**7. Name and Address of New Registered Agent**  
 Name: Wright, Christine F, Esq.  
 Street Address (P.O. Box Number is Not Acceptable): 1105 Cape Coral Pkwy. East  
 Suite C  
 City: Cape Coral FL Zip Code: 33904

**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: *Christine F. Wright* DATE: 2/21/01  
Signature, typed or printed name of registered agent and agent 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, 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	Schadek, Bethold MR.	
STREET ADDRESS	Winkel 13 C,D	
CITY-ST-ZIP	D-83661 Legries, Germany	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schadek, Bethold	
STREET ADDRESS	709 Cape Coral Pkwy. West	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *D. Schadek* *RUTH SCHADEK* *2-22-01* *941-282-0001*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #