CR2E034 (9/01)

FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

## P99000062662 **DOCUMENT #** 1. Entity Name AVATAR CONSULTING CORPORATION 02-26-2002 90118 032 \*\*\*150.00 Principal Place of Business Mailing Address 2309 87TH STREET, N.W. 2309 87TH STREET, N.W. **BRADENTON FL 34209 BRADENTON FL 34209** Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0933841 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - 7.-Name and Address of New Registered Agent FELDMAN, MARC H Street Address (P.O. Box Number is Not Acceptable) 3908 26TH STREET, WEST **BRADENTON FL 34205** City Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **DPST** BPST TITLE TITLE Change ☐ Delete CLOSSER, RONALD H. 3439 CONTEX ROAD WIST, Suite 220 CLOSSER, RONALD A NAME NAME STREET ADDRESS 2309 87TH STREET, N.W. STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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