

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90081 023 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000074146 1. Entity Name AVONAC, INC.				4. FEI Number 59-3593639 Applied For <input type="checkbox"/> Not Applicable	
Principal Place of Business 14775 S.E. 25TH AVE. SUMMERFIELD FL 34491		Mailing Address P.O. BOX 3968 BELLEVUE FL 34421-3968		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FLANAGAN, GREGORY S ESQ 230 N.E. 25TH AVE., STE. 200 OCALA FL 34470-6632	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANOVA, BILLY P 14775 S.E. 25TH AVE. SUMMERFIELD FL 34491 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <i>Billy P. Canova</i> 1/10/01 3523079548 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (10/00)