FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # **P99000078687** 1. Entity Name AVONLEA INTERNATIONAL, INC. 04-28-2001 90018 029 \*\*\*150.00 Principal Place of Business Mailing Address 700 atlantis Rd., Unit 101, BLDG. A 700 ATLANTIS RD., UNIT 101, BLDG. A MELBOURNE FL 32904 MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FÉI Number 59-3596010 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KG&L SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE., STE. 600 ORLANDO FL 32801 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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. CR2E034 (10/00) Change ☐ Addition TITLE TITLE NAME NAME STEPHEN, JAMES M STREET ADDRESS STREET ADDRESS 23 BISHOPS ROAD CITY-ST-ZIP CITY-ST-ZIP BEDFORD MK41 84N, UK Change ☐ Addition TITLE DCEO TITLE NAME KAMARUDDIN, JALIL N STREET ADDRESS STREET ADDRESS 127 INVERNESS TERR. CITY-ST-ZIP CITY-ST-ZIP London. UK . Change - ... 🔲 Addition ... TITLE - - -DP ----- - Delete TITLE NAME NAME GEORGE, ROBERT S STREET ADDRESS STREET ADDRESS 453 N. NEPTUNE DR. CITY-ST-ZIP CITY-ST-ZIP <u>Satellite Beach FL 32937</u> ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME POMROY, MICHAEL F STREET ADDRESS STREET ADDRESS 2325 SEAHORSE DR. CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BEACH FL 32951 TITLE ☐ Delete Change TITLE ☐ Addition ST NAME NAME George, JANICE M. GEORGE, JANICA M STREET ADDRESS STREET ADDRESS 453 N. NEPTUNE DR. CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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