(9/01)

2002 Uniform Business Report (UBR)

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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # P99000078687 1. Entity Name 04-15-2002 90017 022 ***150 00 AVONLEA INTERNATIONAL, INC. Principal Place of Business Mailing Address 700 ATLANTIS RD., UNIT 101, BLDG, A X 700 ATLANTIS RD., UNIT 101, BLDG. A MELBOURNE FL 32904 MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address 4301-4301- G ForTURE Place DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3596010 Melbourne Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 32904 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KG&L SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE., STE. 600 Forme ORLANDO FL 32801 Melbourne 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 (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 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE DP ☐ Delete TITLE ☐ Addition NAME GEORGE, ROBERT S NAME STREET ADDRESS 453 N. NEPTUNE DR. STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH: FL 32937 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GEORGE, JANICE M 🍾 NAME STREET ADDRESS STREET ADDRESS 453 N. NEPTUNE DR. CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 TITLE _ -- □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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