

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098297

1. Entity Name

AVANZA MARINE CORP.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90102 005 ***150.00

Principal Place of Business 990 NORTH HARBOR CITY BOULEVARD MELBOURNE FL 32935	Mailing Address 990 NORTH HARBOR CITY BOULEVARD MELBOURNE FL 32935-7015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3607322	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if 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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD TRAMELL, DOUGLAS W 990 NORTH HARBOR CITY BOULEVARD MELBOURNE FL 32935	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD COLE E. PANNING 990 N. HARBOR CITY BLVD. MELBOURNE, FL. 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RAYMOND H. ROACH 990 N. HARBOR CITY BLVD. MELBOURNE, FL, 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Douglas W. Trammell* **DOUGLAS W. TRAMELL** 01/05/00 321-253-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CB92824 10/00