

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA91000098297**

1. Entity Name
AVANZA MARINE CORP.

FILED

01 OCT -9 AM 8:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**6000 N. US-1 SAME
MELBOURNE, FL 32940**

2. Principal Place of Business 3. Mailing Address
6000 N. US-1 SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
MELBOURNE, FL 59-3607322 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

32940 US

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **DOUGLAS W. TRAMELL**
Street Address (P.O. Box Number is Not Acceptable)
6000 N US-1
City **MELBOURNE** FL Zip Code **32940**

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 **DOUGLAS W. TRAMELL** *Douglas W Trammell* **10/04/01**
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **DOUGLAS TRAMELL**
CITY-ST-ZIP **609 GINA LN.
MELBOURNE, FL. 32940**

TITLE ☐ Delete
NAME **VP SEC. TREASURER**
STREET ADDRESS **COLE E. PANNING**
CITY-ST-ZIP **407 ARUBA CT.
SATELITE BEACH, FL. 32937**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **RAYMOND ROACH**
CITY-ST-ZIP **618 ROSSMOOR CIRCLE
MELBOURNE, FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**400004642204--0
-10/18/01--01071--009
****150.00 ****150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
LS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DOUGLAS TRAMELL (PRES)** *Douglas Trammell* **10/04/01 321-253-4050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)