

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2001 90020 036 ***150.00

0387265

DOCUMENT # P99000104209

1. Entity Name
AVION HOLDINGS, INC.

Principal Place of Business
**2099 PINE RIDGE RD
 NAPLES FL 34103**

Mailing Address
**2099 PINE RIDGE RD
 NAPLES FL 34103**

349813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3616519**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PFEUFFER, WILLIAM A
 1124 GOODLETTE ROAD
 NAPLES FL 34102**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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 \$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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P JAROGZ, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS	148 CYPRESS WAY E #101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME	V LEAR, JON W	<input type="checkbox"/> Delete
STREET ADDRESS	3550 14TH ST W	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	V KEDZIOR, ADAM	<input type="checkbox"/> Delete
STREET ADDRESS	180 CYPRESS WAY E B106	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME	S KEDZIOR, MALGORZATA	<input type="checkbox"/> Delete
STREET ADDRESS	180 CYPRESS WAY E #106	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME	T LEAR, BEATA	<input type="checkbox"/> Delete
STREET ADDRESS	3550 14TH ST N	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jon W Lear **Jon W Lear** 4-11-01 941-597-5665
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)