

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90082 010 ***150.00

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

11028141



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 David E. Leigh

Street Address (P.O. Box Number is Not Acceptable)
5150 Tamiami Trail North, #501

City Naples

FL

Zip Code 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JAROGZ, EDWARD
STREET ADDRESS 148 CYPRESS WAY E #101
CITY-ST-ZIP NAPLES FL 34110

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V.
NAME LEAR, JON W
STREET ADDRESS 3550 14TH ST W
CITY-ST-ZIP NAPLES FL 34103

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME KEDZIOR, ADAM
STREET ADDRESS 180 CYPRESS WAY E B106
CITY-ST-ZIP NAPLES FL 34110

☐ Delete

TITLE S
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE S
NAME KEDZIOR, MALGORZATA
STREET ADDRESS 180 CYPRESS WAY E #106
CITY-ST-ZIP NAPLES FL 34110

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME LEAR, BEATA
STREET ADDRESS 3550 14TH ST N
CITY-ST-ZIP NAPLES FL 34110

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

239-597-5665

Daytime Phone #

CR2E034 (10/02)