

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90345 045 ****50.00

DOCUMENT # L00000016028

1. Entity Name
AOW, LLC



Principal Place of Business 1134 WEST LAKE STREET HOLLYWOOD FL 33019	Mailing Address 1134 WEST LAKE STREET HOLLYWOOD FL 33019
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970906



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **33-5161303**

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

WALSER, ADELINE O
1134 WEST LAKE STREET
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

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. 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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	WALSER, ADELINE O	1134 WEST LAKE STREET	HOLLYWOOD FL 33019	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *X Adeline O. Walsler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/11/02
 Date

Daytime Phone # _____

CR2E083 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # L00000016028

1. Entity Name
AOW, LLC

Principal Place of Business
**1134 WEST LAKE STREET
HOLLYWOOD FL 33019**

Mailing Address
**1134 WEST LAKE STREET
HOLLYWOOD FL 33019**

970902



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 **33-5161303**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALSER, ADELINE O
1134 WEST LAKE STREET
HOLLYWOOD FL 33019**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSER, ADELINE O 1134 WEST LAKE STREET HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Adeline O. Walsen*

3/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Time Phone #

Attachment 970902

Member of
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

STEVEN M. STAMPLER, C.P.A., P.A.
915 N. Northlake Drive • Hollywood, FL 33019
Tel 954.923.9176 Fax 954.923.6309

July 18, 2002

Florida Department of State
Tallahassee, Florida

Re: AOW LLC
2002 Corporate Annual Report
L00000016028

To Whom It May Concern,

We are in receipt of the second notice for the filing of the corporate annual report for 2002 for the above named taxpayer. The 2002 corporate annual report was timely filed on March 25, 2002 along with a check for the fee of \$50.00. The check was never cashed and obviously the report itself was lost in the mail. We are sending you a copy of the original report that was timely filed along with a check in the amount of \$50.00 to replace the one that was lost. Please accept this report and check as timely filed since the original was lost in the mail and this was obviously beyond the taxpayers control.

Very Truly Yours,

Steven M. Stampler
Steven M. Stampler CPA