

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90466 031 ***150.00

DOCUMENT # P93000036186

1. Entity Name
A & W CONSTRUCTION SERVICES, INC.



Principal Place of Business
301 DIVISION AVE #10
ORMOND BEACH FL 32174
US

Mailing Address
P. O. BOX 1416
ORMOND BEACH FL 32175
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

810 Fentress Ct.
Suite, Apt. #, etc.
160

P.O. Box 11377
Suite, Apt. #, etc.

City & State
Daytona Beach FL

City & State
Daytona Beach, FL

4. FEI Number **59-3185678**

Applied For

Not Applicable

Zip
32117

Country
Volusia

Zip
32120

Country
Volusia

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

ABERCROMBIE, RICK J
301 DIVISION AVE #10
ORMOND BEACH FL 32174

Name
Street Address (P.O. Box Number is Not Acceptable)
810 Fentress Ct. Daytona Beach 32117
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]*
Signature, type 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **ABERCROMBIE, RICKY J**
STREET ADDRESS **4100 PIUTE LN**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ **Change** ☐ **Addition**
NAME **810 Fentress Ct. Suite 160**
STREET ADDRESS **Daytona Beach FL 32117**
CITY-ST-ZIP

TITLE **STD** ☐ **Delete**
NAME **WITTENBERG, RUSSELL P**
STREET ADDRESS **992 SHOCKNEY DR**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **V** ☐ **Delete**
NAME **WEST, EDWARD W.**
STREET ADDRESS **105 QUIET TRAIL DR**
CITY-ST-ZIP **DAYTONA BCH FL**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

Date

Daytime Phone #

CR2E034 (10/02)