

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000054864

**FILED**  
**Feb 25, 2020**  
**Secretary of State**  
**9036549626CC**

**Entity Name:** AW SOLUTIONS, INC

**Current Principal Place of Business:**

300 CROWN OAK CENTER DRIVE  
LONGWOOD, FL 32750

**Current Mailing Address:**

300 CROWN OAK CENTER DRIVE  
LONGWOOD, FL 32750

**FEI Number:** 20-4709198

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VARMA, BOBBY A  
610 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HAYTER, KEITH  
Address 501 BLUFF OAK COURT  
City-State-Zip: APOPKA FL 32712

Title VP  
Name VARMA, BOBBY A  
Address 2104 BLUE IRIS PLACE  
City-State-Zip: LONGWOOD FL 32779

Title VP  
Name ORTOLANI, ANTHONY  
Address 300 CROWN OAK CENTER DRIVE  
City-State-Zip: LONGWOOD FL 32750

Title VP  
Name POULIN, EMMANUEL  
Address 1325 W. NEW HAMPSHIRE ST  
City-State-Zip: ORLANDO FL 32804

Title V  
Name DUBAY, JEFFREY  
Address 504 YEARLING COVE LOOP  
City-State-Zip: APOPKA FL 32703

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BOBBY VARMA

**CFO**

**02/25/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date