## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 530817 1. Entity Name AWG., INC. Principal Place of Business Mailing Address

3129 CECELIA DRIVE APOPKA FL 32703-7815

## Apr 17, 2000 8:00 am Secretary of State 04-17-2000 90096 006 \*\*\*150.00



2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	DO NOT WRITE IN THIS SPACE			
City & State	9	City & State		4.	FEI Number <b>59-1732327</b>	Applied For Not Applicable		
Zip Country Zip Co			Country	5. Certificate of Status Desired \$8.75 Additional Fee Required				
·	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Registere	d Agent		
		- <del></del>	Name				ŀ	
GREENBERG, ANDREW W. 3129 CECELIA DRIVE APOPKA FL 32703			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	Zip Code	Э	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	tered ag	ent, or both, in the State of Florida.	-		
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	:: Registered Agent signature requ	ired when r	einstating) DATI			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEI After MAY 1, 2000 Fe Make Check Payable to I				tate	10. Election Campaign Financing Trust Fund Contribution.	Added	<b>0</b> May Be I to Fees	
11.	OFFICERS AND D	IRECTORS	12.	A	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, ANDREW W. 926 GREAT POND DR SE 2002	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTAMONTE SPGS FL 32714  D GREENBERG, SUSAN  -157 E LAKE BRANTLEY DR. LONGWOOD FL 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EEN Vo	IBERG, SUSAN GARAT POND BR SE MONTE SPES, FL	A Change ミスロロン 3とフリゲ	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LONGWOOD TE SENS	☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
indicated	certify that the information supplied with to on this report or supplemental report is to possition or the receiver or trustee employer.	rue and accurate and that n	ny signature shall have th	ne same	legal effect as if made under oath; tha	t I am an officer	or director	

changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

3129 CECELIA DRIVE

APOPKA FL 32703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

- AMOREW W. GREENBERG 4/10/00
Date Daytime Pho