

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 668736

1. Entity Name

AKW INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90025 040 ***158.75

Principal Place of Business

816 NE 62 COURT
FT LAUDERDALE FL 33334
US

Mailing Address

P.O. BOX 23893
FT LAUDERDALE FL 33307-3893
US

2. Principal Place of Business

5220 CHOCTAW AVE

Suite, Apt. #, etc.

3. Mailing Address

3411 S. CAMINO SECO

Suite, Apt. #, etc.

#245

City & State

PENSACOLA, FL

City & State

TUCSON, AZ

Zip

32507

Country

US

Zip

85730

Country

US

4. FEI Number

59-2002877

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINTERS, RICHARD K.
816 NE 62ND COURT
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

WINTERS, RICHARD K.

Street Address (P.O. Box Number is Not Acceptable)

5220 CHOCTAW AVE

City

PENSACOLA

FL

Zip Code

32507

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 RICHARD K. WINTERS

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

(NOTE: Registered Agent signature required when reinstating)

3/27/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WINTERS, RICHARD K. 816 NE 62ND COURT FT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5220 CHOCTAW AVE. PENSACOLA, FL 32507	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

850-492-7126

Daytime Phone #