

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000005769****1. Entity Name**
V.A.W. OF AMERICA, INC.**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90338 021 ***150.00

00025080

DO NOT WRITE IN THIS SPACE

Principal Place of Business
ROUTE 209
P.O. BOX 667
ELLENVILLE NY 12428**Mailing Address**
ROUTE 209
P.O. BOX 667
ELLENVILLE NY 12428**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 14-1782202

Applied For

Not Applicable

Zip

Country

Zip

Country

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**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** CD ☐ Delete
NAME BRAUN, DIETER JOHANN
STREET ADDRESS REICHENSTEINSTR 47C
CITY-ST-ZIP D 53844 TROISDORF GERMANY**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VS ☐ Delete
NAME WILCOX, JAMES F
STREET ADDRESS 14 RUMSEY STREET
CITY-ST-ZIP PORT JERVIS NY 12771**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** D ☐ Delete
NAME UNGER, THOMAS
STREET ADDRESS JUDENPFAD 30
CITY-ST-ZIP 50996 KOLN GERMANY**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** D ☐ Delete
NAME WOBBE, KARL-DIETER
STREET ADDRESS MAXIMILIANSTRASSE 2
CITY-ST-ZIP BONN, GERMANY**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** PD ☐ Delete
NAME STRYRING, ALBERT F
STREET ADDRESS 3597 RED CLOUD TRAIL
CITY-ST-ZIP ST AUGUSTINE FL 32084**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**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
James F. Wilcox

2/19/01

Date

845-647-7510

Daytime Phone #

CR2E034 (10/00)