

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

09631595 AR

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1. Entity Name
V.A.W. OF AMERICA, INC.

03-07-2003 90144 037 ***150.00

Principal Place of Business **ROUTE 209**
P.O. BOX 067
ELLENVILLE NY 12428

Mailing Address **ROUTE 209**
P.O. BOX 067
ELLENVILLE NY 12428



2. Principal Place of Business
801 International Dr
Suite, Apt. #, etc. **Suite 200**
City & State **Linthicum Heights, MD**
Zip **21090** Country **USA**

3. Mailing Address
100 N. Tampa St
Suite, Apt. #, etc. **Suite 3350**
City & State **Tampa, FL**
Zip **33602** Country **USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **14-1782202** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRAUN, DIETER JOHANN REICHENSTEINSTR 47C TROISDORF GE D5-3844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Pres. + Chairman of the Board Martin Carter 801 International Dr #200 Linthicum Heights, MD 21090
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WILCOX, JAMES F 14 RUMSEY STREET PORT JERVIS NY 12771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Director + Secretary Kendrick T. Wallace 100 N. Tampa St. #3350 Tampa, FL 33602
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNGER, THOMAS JUDENPFAD 30 KOLN GE 50996	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VP Arve Sund 801 International Dr #200 Linthicum Heights, MD 21090
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRYRING, ALBERT F 3597 RED CLOUD TRAIL ST AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VP Richard Boehman 801 International Dr #200 Linthicum Heights, MD 21090
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Asst. Sec. Karen Hubner 100 N. Tampa St., #3350 Tampa, FL 33602
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Randy Haynes Asst Treasurer 100 N. Tampa St. #3350 Tampa, FL 33602
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 REQUIRED** *Randy Haynes* 2/21/03 813-222-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)