

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004418

1. Entity Name

AWSERVICES, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90086 001 ***306.25

Principal Place of Business

Mailing Address

550 N.W. LEJEUNE ROAD
MIAMI FL 33126

550 N.W. LEJEUNE ROAD
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1486890

Applied For

Not Applicable

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

WALL, NELSON C DR
550 N.W. LEJEUNE ROAD
MIAMI FL 33126

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☒ Delete
NAME BOLLINGER, S W
STREET ADDRESS POST OFFICE BOX 517 N/A
CITY-ST-ZIP HANOVER PA 17331

TITLE DC ☐ Change ☒ Addition
NAME TEUSCHER, RJ
STREET ADDRESS 306 S CHESTNUT
CITY-ST-ZIP COLORADO SPRINGS, CO 80905

TITLE VCD ☐ Delete
NAME KVIDAHL, L G
STREET ADDRESS 801 SUNFISH STREET
CITY-ST-ZIP PASCAGOULA MS 39581

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EASD ☐ Delete
NAME WALL, N C
STREET ADDRESS 550 N.W. LEJEUNE ROAD
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ASD ☐ Delete
NAME MCLAUGHLIN, J J
STREET ADDRESS 550 N.W. LEJEUNE ROAD
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME WINSAND, A O
STREET ADDRESS 909 TOTTENHAM
CITY-ST-ZIP BIRMINGHAM MI 48009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DELAURIER, FG
STREET ADDRESS 550 N.W. LEJEUNE ROAD
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/00 (305) 413-9353

CR2E037 (9/99)