

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**  
01-19-2000 90066 001 \*\*\*122.50

**DOCUMENT # N99000006597**  
1. Entity Name  
**ASWA, INC.**

Principal Place of Business      Mailing Address  
**401 E. JACKSON ST., STE. 1700**      **401 E. JACKSON ST., STE. 1700**  
**TAMPA FL 33602**      **TAMPA FL 33602-5233**



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Zip      Country      Country

DO NOT WRITE IN THIS SPACE  
4. FEI Number      59-3611128      Applied For  
Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GRAMMING, LAUREL L**  
**401 E. JACKSON ST., STE. 1700**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
Name      **LAUREL L GRAMMIG**  
Street Address (P.O. Box Number is Not Acceptable)      **401 E. JACKSON ST., STE. 1700**  
**TAMPA FL 33602**  
City      **TAMPA**      FL      Zip Code      **33602**

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      \$5.00 May Be Added to Fees  
Trust Fund Contribution.      ☐  
**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOUSA, THOMAS</b>	NAME	<b>SOUSA, THOMAS</b>
STREET ADDRESS	<b>401 E. JACKSON ST., STE. 1700</b>	STREET ADDRESS	<b>401 E. JACKSON ST., STE. 1700</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	CITY-ST-ZIP	<b>TAMPA, FL 33602</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERSEN, KENNETH F</b>	NAME	<b>PETERSEN, KENNETH F.</b>
STREET ADDRESS	<b>401 E. JACKSON ST., STE. 1700</b>	STREET ADDRESS	<b>401 E. JACKSON ST., STE. 1700</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	CITY-ST-ZIP	<b>TAMPA, FL 33602</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUAREZ, MICHAEL A</b>	NAME	<b>SUAREZ, MICHAEL A</b>
STREET ADDRESS	<b>401 E. JACKSON ST., STE. 1700</b>	STREET ADDRESS	<b>401 E. JACKSON ST. STE., 1700</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	CITY-ST-ZIP	<b>TAMPA, FL 33602</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas S. Sousa*      **THOMAS S. SOUSA**      1/6/00      813-222-4067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)