

2004 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90055 037 ***150.00

DOCUMENT # P00000001802

1. Entity Name
ANWA, INC.

Principal Place of Business

1223 KNOLLWOOD DRIVE
CANTONMENT FL 32533

Mailing Address

1223 KNOLLWOOD DRIVE
CANTONMENT FL 32533

2. Principal Place of Business

513 E. FAIRFIELD DR

3. Mailing Address

513 E. FAIRFIELD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

City & State

PENSACOLA, FLORIDA

4. FEI Number

59-3620107

Applied For

Not Applicable

Zip

32503

Country

USA

Zip

32503

Country

USA

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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 PD
NAME MILLER, WARREN
STREET ADDRESS 1223 KNOLLWOOD DRIVE
CITY-ST-ZIP CANTONMENT FL 32533 ☒ Delete

TITLE TD
NAME MILLER, THERESA
STREET ADDRESS 1223 KNOLLWOOD DRIVE
CITY-ST-ZIP CANTONMENT FL 32533 ☒ Delete

TITLE VD
NAME QUIZON, ANDREW
STREET ADDRESS 1223 KNOLLWOOD DRIVE
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

TITLE SD
NAME QUIZON, CYNTHIA
STREET ADDRESS 1223 KNOLLWOOD DRIVE
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME MILLER, WARREN
STREET ADDRESS 2855 E. JOHNSON AVE
CITY-ST-ZIP PENSACOLA FL 32514 ☒ Change ☐ Addition

TITLE TD
NAME MILLER, THERESA
STREET ADDRESS 2855 E. JOHNSON AVE
CITY-ST-ZIP PENSACOLA FL 32514 ☒ Change ☐ Addition

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

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

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

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

Date

Daytime Phone #

CR2E034 (10/00)