

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 91327 036 ***150.00

DOCUMENT # P00000030702

1. Entity Name

ACW ADVERTISING SPECIALTIES, INC.

Principal Place of Business

Mailing Address

**13602 FRIGATE CT UNIT N 102
CLEARWATER FL 33762****13602 FRIGATE CT UNIT N 102
CLEARWATER FL 33762**

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

Applied For

☒ Not Applicable5. 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

**ANKWIZ, WALTER J
13602 FRIGATE CT UNIT N 102
CLEARWATER FL 33762**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
DP	ANKWIZ, CYNTHIA L	13602 FRIGATE CT UNIT N 102	CLEARWATER FL 33762	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ANKWIZ, WALTER J	13602 FRIGATE CT UNIT N 102	CLEARWATER FL 33762	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	KOLBRICK, DEBBIE	12112 MEADOWBROOK LN	LARGO FL 33774	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Walter J. Ankviz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/23/01 (127) 571-3064
Date Daytime Phone #

CR2E034 (10/00)