

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90067 014 ***150.00

DOCUMENT # P00000031005
1. Entity Name A.W.T., INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4364 Montalvo ct.
Suite, Apt. #, etc.

3. Mailing Address 4364 Montalvo ct.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Naples FL
Zip 34109 Country USA

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Zip 34109 Country USA

4. FEI Number 59-3635369 Applied For Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Alexandra W. Teller
Street Address (P.O. Box Number is Not Acceptable)
4364 Montalvo ct.
City Naples **FL** Zip Code 34109

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Alexandra W. Teller</u> <u>4364 Montalvo ct.</u> <u>Naples, FL 34109</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alexandra W. Teller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 941-593-3607
Date Daytime Phone #

CR2E0548 (12/01)