

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90099 045 ***150.00

DOCUMENT # P00000049339

1. Entity Name

AAWCO ASSETS, INC.

Principal Place of Business

**915 NW 24TH ST.
 GAINESVILLE FL 32601**

Mailing Address

**PO BOX 458
 ORANGE PARK FL 32067**

2. Principal Place of Business

34 PINE COURSE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 458

Suite, Apt. #, etc.

City & State

OCALA, FL.

City & State

ORANGE PARK, FL.

Zip

34472

Country

MARION

Zip

32067

Country

CLAY

4. FEI Number

59-3648878

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KING, BEVERLY A
 3501 NE 10TH ST, STE 114
 Ocala FL 34470**

7. Name and Address of New Registered Agent

Name
MARINA POLOSINA

Street Address (P.O.-Box Number is Not Acceptable)

34 pine course

City

OCALA,

FL

Zip Code
34472

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 *Marina Polosina* **MARINA POLOSINA**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-01
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	KING, BEVERLY A	
STREET ADDRESS	3501 NE 10TH ST, STE 114	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINA POLOSINA	
STREET ADDRESS	34 PINE COURSE	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINA POLOSINA	
STREET ADDRESS	34 PINE COURSE	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Marina Polosina* **MARINA POLOSINA** **4-27-01** **352-261-1394**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0449661

CR2E034 (10/00)