

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90099 045 ***150.00

0449661

DOCUMENT # P00000049339

1. Entity Name
AAWCO ASSETS, INC.

Principal Place of Business Mailing Address
915 NW 24TH ST. **PO BOX 458**
GAINESVILLE FL 32601 **ORANGE PARK FL 32067**

2. Principal Place of Business 3. Mailing Address
34 PINE COURSE **PO BOX 458**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OCALA, FL. **ORANGE PARK, FL.**

Zip Country Zip Country
34472 **MARION** **32067** **CLAY**

4. FEI Number Applied For
59-3648878 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 **FL** Zip Code
OCALA, **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** **4-27-01**
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D KING, BEVERLY A 3501 NE 10TH ST, STE 114 OCALA FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D MARINA POLOSINA 34 PINE COURSE OCALA, FL 34472
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P MARINA POLOSINA 34 PINE COURSE OCALA, FL 34472
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Marina Polosina **MARINA POLOSINA** **4-27-01** **352-261-1394**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)