

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102699

1. Entity Name
A W PRODUCTS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90426 039 ***150.00

0541427

Principal Place of Business

8410 MALLOW LN
NAPLES FL 34113

Mailing Address

8410 MALLOW LN
NAPLES FL 34113

2. Principal Place of Business

230 COMMERCIAL BLVD.

3. Mailing Address

230 COMMERCIAL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL.

City & State

NAPLES, FL

4. FEI Number

59-3680080

Applied For

Not Applicable

34104

Country
USA

34104

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIETRUSZKO, PIOTR
8410 MALLOW LANE
NAPLES FL 34113

7. Name and Address of New Registered Agent

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

4-23-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SINIARSKI-CZAPLICKI, PETER
3795 27TH AVE SW
NAPLES FL 34117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PIETRUSZKO, PIOTR
8410 MALLOW LN
NAPLES FL 34113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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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:

PIOTR PIETRUSZKO

4-23-01

741-793-6202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)