

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117902

1. Entity Name
A W CAPITAL, INC.

Principal Place of Business

396 CADDIE DR
DEBARRY FL 32713

Mailing Address

396 CADDIE DR
DEBARRY FL 32713

2. Principal Place of Business

281 EAGLE ESTATES DR

3. Mailing Address

281 EAGLE ESTATES DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90004 012 ***150.00



DO NOT WRITE IN THIS SPACE

City & State DEBARRY, FL		City & State DEBARRY, FL		4. FEI Number 59-3696562	Applied For Not Applicable
Zip 32713	Country	Zip 32713	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILSON, ANTHONY
396 CADDIE DR
DEBARRY FL 32713

7. Name and Address of New Registered Agent

Name Anthony WILSON

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

281 EAGLE ESTATES DRIVE

City DEBARRY

FL Zip Code 32713

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

Alvin President / Director Anthony Wilson

4/4/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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-ZIPD
WILSON, ANTHONY
396 CADDIE DR
DEBARRY FL 32713 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDIRECTOR, PRESIDENT D/P
ANTHONY WILSON
281 EAGLE ESTATES DR
DEBARRY FL 32713 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
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: *Alvin President Anthony Wilson* 4-4-02 386-668-9927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)