

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2002 90004 012 ***150.00

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.

City & State

DEBARY, FL

City & State

DEBARY, FL

4. FEI Number

59-3696562

Applied For

Not Applicable

Zip

Country

32713

Zip

Country

32713

5. Certificate of Status Desired ☐

\$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

DEBARY

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

Anthony Wilson / **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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **WILSON, ANTHONY**
 STREET ADDRESS **396 CADDIE DR**
 CITY-ST-ZIP **DEBARRY FL 32713**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR, PRESIDENT D/P** ☒ Change ☐ Addition
 NAME **ANTHONY WILSON**
 STREET ADDRESS **281 EAGLE ESTATES DR**
 CITY-ST-ZIP **DEBARY FL 32713**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Anthony Wilson / **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)