

2002 UNIFORM BUSINESS REPORT (UBR)

06-11-2002 9:01:49 029 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012178

1. Entity Name
AWV SALES, INC.

(2)

Principal Place of Business Mailing Address
18125 US HWY. 41 N. STE. 206 18125 US HWY. 41 N. STE. 206
LUTZ FL 33549 LUTZ FL 33549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3696193		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent MORTELLARO, DOUGLAS J 18125 US HWY. 41 N. STE. 206 LUTZ FL 33549				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTELLARO, VINCENT S 13804 CANDIATE PL TAMPA FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *[Signature]* **SAVED REQUIRED** *June 6 2002* **187-380-745**

CR2E034 (9/01)

AVV Sales, Inc.
211 Crystal Grove Suite 603
Lutz, FL 33549

June 17, 2002

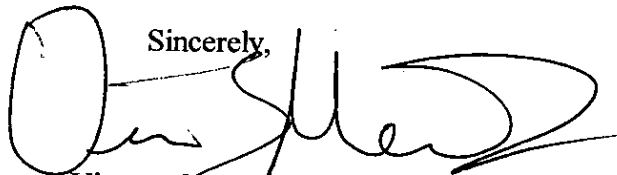
Florida Department of State Division Of Corporations:

To the attention of Sean Toner,

I spoke with on June 17, 2002 Monday about my medical condition that I have been on since March of 2002. In regards to my corporation fee which was sent in late, I would like to see if the Florida Dept of State Div. Of Corp. could waver my late fee due the medication which I am on and will be on for the next 3 months. Part of the side effects is forgetfulness and loss of concentration & short-term memory loss. The medication affects different people differently. I was given the form in Jan. 2002 and put with my tax papers to be mailed out but due to the medication I loss track of the form and the importance. I had no intentions of filing late but this medication is overwhelming. If the Dept. could allow me this one concession I can assure you it will never happen again. If you need a letter from my doctor I can call his office and have sent to you.

If I wasn't on this medicine and forgot I wouldn't be writing this letter, I would send you the check. These last 4 months have been very hard on my family and me and this is one more hardship that I have fallen upon.

Sincerely,

A handwritten signature in black ink, appearing to read 'Vincent S. Mortellaro', written over the word 'Sincerely,'.

Vincent S. Mortellaro