2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am g Secretary of State P01000092919 DOCUMENT # 1. Entity Name AWR WHEEL CORP. 03-24-2002 90081 035 ***150.00 Principal Place of Business Mailing Address 1751 CONDOR DRIVE 1751 CONDOR DRIVE CANTONMENT FL 32533 **CANTONMENT FL 32533** 2. Principal Place of Business 3. Mailing Address 3193 W. Nine Mile RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE UNIT 4. FEI Number 59-3756176 City & State City & State Applied For Florida ensacola Not Applicable Zip Country \$8.75 Additional 32534 Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETRINO, DAVID R Street Address (P.O. Box Number is Not Acceptable) 1751 CONDOR DRIVE **CANTONMENT FL 32533** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE □ Delete TITLE. ☐ Addition Change PETRINO, DAVID R NAME MAME STREET ADDRESS 1751 CONDOR DRIVE STREET ADDRESS CITY-ST-ZIP CANTONMENT FL 32533 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

DavIDR. Petrino

SIGNATURE:

FILED