

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90095 001 ***158.75

DOCUMENT # P02000082646

1. Entity Name
AMERICAN WIPERS, INC.



Principal Place of Business
320 DUNDAS DR. UNIT #4
JACKSONVILLE FL 32218

Mailing Address
320 DUNDAS DR. UNIT #4
JACKSONVILLE FL 32218



2. Principal Place of Business
320 Dundas Dr

3. Mailing Address
PO Box 320 Dundas

Suite, Apt. #, etc.
Unit # 4

Suite, Apt. #, etc.
Unit 4

City & State
JACKSONVILLE

City & State
FL 32218

4. Fee Number
80-0051918

Applied For
Not Applicable

Zip
32218

Country

Zip
32218

Country
Dura 1

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL, LARRY K
320 DUNDAS DR. UNIT #4
JACKSONVILLE FL 32218

Name
Russell, Larry K
Street Address (P.O. Box Number is Not Acceptable)
320 Dundas Dr unit 4
JAX
City
JACKSONVILLE FL Zip Code
32218

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *L. K. Russell* DATE 2-17-03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RUSSELL, LARRY K | | | NAME | | | |
| STREET ADDRESS | 320 DUNDAS DR. UNIT #4 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
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| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *L. K. Russell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/17/03 Daytime Phone # 545 0558

CR2E034 (10/02)