

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90218 030 ***150.00

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1. Entity Name
AWAD & ASSOCIATES, INC.

Principal Place of Business 880 CARILLON PARKWAY ST. PETERSBURG FL 33716	Mailing Address 880 CARILLON PARKWAY ST. PETERSBURG FL 33716
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0444699** Applied For
 Not Applicable

Zip Country Zip Country 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

**PIPPENGER, LYNN
 880 CARILLON PARKWAY
 ST. PETERSBURG FL 33716**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	AWAD JAMES D	880 CARILLON PARKWAY	ST. PETERSBURG FL	<input type="checkbox"/> Delete			
D	JAMES, THOMAS A	880 CARILLON PARKWAY	ST. PETERSBURG FL 33716	<input type="checkbox"/> Delete			
TD	JULIEN, JEFFREY P	880 CARILLON PARKWAY	ST. PETERSBURG FL	<input type="checkbox"/> Delete			
VD	HILL, STEPHEN G	880 CARILLON PARKWAY	ST. PETERSBURG FL	<input type="checkbox"/> Delete			
S	PIPPENGER, LYNN	880 CARILLON PARKWAY	ST. PETERSBURG FL	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

*One East End Ave, Apt. 1A
 N.Y., N.Y 10021*

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: Jeffrey P. Julien Jeffrey P. Julien 1/25/01 727-573-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)