

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004181

1. Entity Name

A.W.O.P., INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90156 028 ***150.00

Principal Place of Business

Mailing Address

5425 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207

5425 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207-7926

2. Principal Place of Business

3. Mailing Address

4314-3 St. Augustine
Suite, Apt. #, etc.

4314-3 St. Augustine Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number 59-3288616

Applied For
Not Applicable

Zip 32207 Country DUVAL

Zip 32207 Country DUVAL

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

SACK, MARTIN JR
2064 PARK STREET
JACKSONVILLE FL 32204

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

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	DAVID A. NELSON	
STREET ADDRESS	2410 OAK DALE DRIVE N	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMAS C. KOENIG	
STREET ADDRESS	2226 MERCER CIR S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JANET G. KOENIG	
STREET ADDRESS	2226 MERCER CIR S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAUL J SWALINA	
STREET ADDRESS	2267 REMINGTON PARK ROAD	
CITY-ST-ZIP	SWITZERLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Thomas C. Koenig Thomas C. KOENIG 904 306-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)