

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90028 022 \*\*\*150.00

**DOCUMENT # P95000004181**

1. Entity Name  
**A.W.O.P., INC.**

Principal Place of Business  
**5425 ST. AUGUSTINE ROAD**  
**JACKSONVILLE FL 32207**

Mailing Address  
**5425 ST. AUGUSTINE ROAD**  
**JACKSONVILLE FL 32207**

2. Principal Place of Business  
**4314-3 ST. Augustine Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4314-3 ST. Augustine Rd**  
 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 **DAVAL**

Zip **32207** Country **DAVAL**

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**  
**2084 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 \_\_\_\_\_ (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	<b>P</b> <b>DAVID A. NELSON</b> <b>2410 OAK DALE DRIVE N</b> <b>ORANGE PARK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>THOMAS C. KOENIG</b> <b>2226 MERCER CIR S.</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JANET G. KOENIG</b> <b>2226 MERCER CIR S.</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PAUL J. SWALINA</b> <b>2267 REMINGTON PARK ROAD</b> <b>SWITZERLAND FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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)(l), 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 4/25/2001 904.306 0009  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)