

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90877 004 ***150.00

DOCUMENT # **P95000004181** ✓

1. Entity Name

A.W.O.P., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

3. Mailing Address

4314 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

Duval

Zip

32207

Country

Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Martin Sack, Jr.

Street Address (P.O. Box Number is Not Acceptable)

2064 Park Street

City

Jacksonville

FL

Zip Code

32204

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) ☐

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P David A. Nelson 2410 Oak Dale Drive N Orange Park FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Thomas C. Koenig 2226 Mercer Circle, S. Jacksonville, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Janet G. Koenig 2226 Mercer Circle, S. Jacksonville FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Paul J Swalina 2267 Remington Park Road Switzerland FL
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas C. Koenig (Thomas C. Koenig) 4/30/2002 306-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)