

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90612 046 ***150.00

DOCUMENT # *P95000026800*

1. Entity Name
CWA, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
MAIL BOXES ETC #2339

3. Mailing Address
6847A N. 9TH AVE

DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA, FL

City & State

4. FEI Number
59-3314150

Applied For
Not Applicable

Zip
32504 Country
USA

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WILLIAM R. CONROY

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

6847A N. 9TH AVE.

City *PENSACOLA* FL Zip Code *32504*

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 *W.R. Conroy*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

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
*PRESIDENT
CHARLIE W. ALLEN JR.
1515 EAST PARKSHORE #1F
CHICAGO, IL 60637*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VICE PRESIDENT / SECRETARY
WILLIAM R. CONROY
5002 SAUFLEY FIELD RD.
PENSACOLA, FL 32526*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *W.R. Conroy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (850)477-1044
Date Daytime Phone #

CR2E034B (12/01)