

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90066 046 ***150.00

DOCUMENT # P96000097003

1. Entity Name
J.W. WARSAW TRUCKING INC.

Principal Place of Business
**19321 C U.S. HIGHWAY 19 NORTH
 SUITE 601
 CLEARWATER FL 33764**

Mailing Address
**19321 C U.S. HIGHWAY 19 NORTH
 SUITE 601
 CLEARWATER FL 33764-3102**

2. Principal Place of Business
P.O. Box 1441

3. Mailing Address
P.O. Box 1441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Oldsmar, Florida

City & State
Oldsmar, Florida

4. FEI Number
59-3417678

Applied For
 Not Applicable

Zip
34677-1441

Country
US

Zip
34677-1441

Country
US

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAWRON, MARY
 19321 C U.S. HIGHWAY 19 NORTH
 SUITE 601
 CLEARWATER FL 33764**

Name
Waclaw Wieckowski
 Street Address (P.O. Box Number is Not Acceptable)
353 Shore Dr E
 City
Oldsmar FL Zip Code
34677-3915

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 *Waclaw Wieckowski* / **Waclaw Wieckowski** **March 7, 2000**
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	PONIATOWSKI, WIESLAW	5125 SWEETGRASS LANE	COLORADO SPRINGS CO 80922	<input type="checkbox"/>	P	Poniatowski, Wieslaw	4775 Sweetgrass Lane	Colorado Springs, CO 80922-2214	<input checked="" type="checkbox"/>
VP	PONIATOWSKI, JANINA	5125 SWEETGRASS LANE	COLORADO SPRINGS CO 80922	<input type="checkbox"/>	VP	Poniatowski, Janina	4775 Sweetgrass Lane	Colorado Springs, CO 80922-2214	<input checked="" type="checkbox"/>
S	ATKINSON, JOANNA	5125 SWEETGRASS LANE	COLORADO SPRINGS CO 80922	<input type="checkbox"/>	S	Atkinson, Joanna	5125 Sweetgrass Lane	Colorado Springs, CO 80922-2112	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<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: *Wieslaw Poniatowski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2000 (719) 337-8586
Date Daytime Phone #