

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90020 032 ***150.00

0544196 AV

DOCUMENT # P96000097003

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

Principal Place of Business P.O. BOX 1441 OLDSMAR FL 34677-1441 US	Mailing Address P.O. BOX 1441 OLDSMAR FL 34677-1441 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-3417678	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WIECKOWSKI, WACLAW
353 SHORE DR E
OLDSMAR FL 34677-3915

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE P	<input type="checkbox"/> Delete
NAME PONIATOWSKI, WIESLAW	
STREET ADDRESS 4775 SWEETGRASS LANE	
CITY-ST-ZIP COLORADO SPRINGS CO 80922-2214	
TITLE VP	<input type="checkbox"/> Delete
NAME PONIATOWSKI, JANINA	
STREET ADDRESS 4775 SWEETGRASS LANE	
CITY-ST-ZIP COLORADO SPRINGS CO 80922-2214	
TITLE S	<input type="checkbox"/> Delete
NAME ATKINSON, JOANNA	
STREET ADDRESS 5125 SWEETGRASS LANE	
CITY-ST-ZIP COLORADO SPRINGS CO 80922-2112	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PONIATOWSKI, WIESLAW	
STREET ADDRESS 5125 SWEETGRASS LANE	
CITY-ST-ZIP COLORADO SPRINGS, CO 80922-2112	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PONIATOWSKI, JANINA	
STREET ADDRESS 5125 SWEETGRASS LANE	
CITY-ST-ZIP COLORADO SPRINGS, CO 80922-2112	
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	
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: *W. Poniatowski* WIESLAW PONIATOWSKI, 03/12/2002 (719) 596-4293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)