

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90160 012 ***183.75

DOCUMENT # P98000032352

1. Entity Name
AWP CONSTRUCTION & DEVELOPMENT, INC.



Principal Place of Business
PO BOX 187
ORMOND BEACH FL 32175

Mailing Address
PO BOX 187
ORMOND BEACH FL 32175

90007889



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3516353**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PERRICELLI, ANTHONY
289 N BCH ST
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name **ANTHONY W. PERRICELLI**
Street Address (P.O. Box Number is Not Acceptable)
289 N. Beach STREET
ORMOND BEACH FLA. 32174
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Signature, typed or printed name of registered agent and title if applicable.**

(NOTE: Registered Agent signature required when reinstating)

DATE **1/17/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **PERRICELLI, ANTHONY**
STREET ADDRESS **289 NORTH BEACH STREET**
CITY-ST-ZIP **ORMOND BEACH FL 32175**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **CHOBANY, RODNEY J**
STREET ADDRESS **287 N. BEACH ST**
CITY-ST-ZIP **ORMOND BEACH FL 32175**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without me empowered.

SIGNATURE: **SIGNATURE REQUIRED** **Anthony W. Perricelli** **1/18/03** **(386)** **671-6300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)