2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000051641

1. Entity Name

DOCUMENT #



FILED May 15, 2003 8:00 am Secretary of State

05-15-2003 90116 049 ***150.00

	AWK RECOVERY, INC.				}		
Principal Place of Business 2840 FIREHOUSE RD. DELAND FL 32720		Mailing Address 2840 FIREHOUSE RD. DELAND FL 32720		A 1984/1994 ING LENGK LENKI BERKI BERKI BE		8320) (703 7 08)	
2. Principal P	Place of Business	3. Mailing Add	iress				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF M	IAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 59-3516545		oplied For ot Applicable
Zip	Country	Zip	Соц	untry	5. Certificate of Status Desired [\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agen	t		7. Name and Address of New Regis	tered Agent	
				Name			
	DARREN O		4	Street Address (I	P.O. Box Number is Not Acceptable)		
2840 FIRE	ehouse RD.						
DELAND I	FL 32720						
	•			City	*	FL Zip Code	e
	named entity submits this statement tions of registered agent.	for the purpose of c	hanging its registe	ered office or register	ed agent, or both, in the State of Florida.	. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agei	nt and title if applicable.	(NOTE: Registe	ered Agent signature required	when reinstating)	DATE	[
E	ILE NOW!!! FEE IS \$150.00						
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financi	ng \$5.0	0 May Be
					Trust Fund Contribution.		to Fees
		of State	11	1.		Added Added	I to Fees
Make Check 10.	OFFICERS AN	of State D DIRECTORS		1. ITLE	Trust Fund Contribution.	Added Added	I to Fees
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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 all other like empowered.

SIGNATURE:

PECHILO SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR