

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031771

1. Entity Name

A & W MARKETING, INC.

**FILED**  
Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90042 031 \*\*\*158.75

Principal Place of Business

6211 FOREST VILLAS CIRCLE  
FORT MYERS FL 33908

Mailing Address

6211 FOREST VILLAS CIRCLE  
FORT MYERS FL 33908-4535

2. Principal Place of Business

4423 SE 16<sup>th</sup> Place

3. Mailing Address

4423 SE 16<sup>th</sup> Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Country

33904 Lee

Country

33904 Lee

4. FEI Number

650912260

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Wendy Marie Vogenberger

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

4423 SE 16<sup>th</sup> Place

City

Cape Coral

FL

Zip Code

33904

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

Wendy M. Vogenberger President

1/6/00

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	PSD	<input type="checkbox"/> Delete
NAME	VOGENBERGER, WENDY M	
STREET ADDRESS	6211 FOREST VILLAS CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORTES, ALFREDO J	
STREET ADDRESS	6211 FOREST VILLAS CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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:

Wendy M. Vogenberger President

Date

Daytime Phone #

800-692-3112

941-945-3112

CR2E034 (9/99)