FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90153 040 ***150.00

DOCUMENT # P99000031771

1. Entity Name
A+W Marketing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10241 Metro Pkwy	10241 Metro Pkwy.
Suite, Apt. #, etc. #110	Suite, Apt. #, etc. #110
City & State Ft. Myers, FL	City & State Ft. Myers, FL
Zip 33912 Country U.S.A.	Zip 33912 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650912260 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Wendy Vogenberger

Street Address (P.O. Box Number Not Acceptable) 6211 Forest Villas Circle

City Ft Myers **FL** Zip Code 33908

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Wendy M. Vogenberger
STREET ADDRESS	6211 Forest Villas Circle
CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	Vice President
NAME	Alfredo J. Cortes
STREET ADDRESS	6211 Forest Villas Cir.
CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy M. Vogenberger, President 3/23/03 239-931-1012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #