

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90063 005 ***150.00

DOCUMENT #

1. Entity Name

AWOG ENTERPRISES INC

Principal Place of Business

Mailing Address

11148 FREEDOM WAY
SEMINOLE FL 33772-3015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

159-3578900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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, 2001 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 **PRESIDENT**
NAME **ADAM GARABANT**
STREET ADDRESS **11148 FREEDOM WAY**
CITY-ST-ZIP **SEMINOLE FL 33772-3015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01

Daytime Phone #

CR2E034 (11/00)

Attachment
DH # P9900035778
A081096

TODEE INC.
A. V. DEL PRETE
11155 57TH TERRACE N.
SEMINOLE, FLORIDA 33772
(727)394-1945
FAX-(727)394-1945

AUGUST 4, 2001

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

SUBJECT: 2001 UNIFORM BUSINESS REPORT

THIS IS THE SECOND YEAR THAT SUBJECT FORM HAS NOT BEEN
RECEIVED BY MY CLIENT. AFTER NUMEROUS CALLS, BY ME, MY CLIENT
FINALLY RECEIVED THE REPORT.

ENCLOSED YOU WILL FIND THE COMPLETED 2001 UNIFORM BUSINESS
REPORT AND A CHECK IN THE AMOUNT OF \$150.00.

PLEASE NOTE THE ADDRESS AND CORRECT YOUR RECORDS SO THAT ANY
FUTURE FORMS WILL BE MAILED TO MY CLIENT.

THANK YOU FOR YOUR COOPERATION.


A. V. DEL PRETE