

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Mar 31, 2002 8:00 am  
Secretary of State**

03-31-2002 90328 018 \*\*\*150.00

DOCUMENT # S18227

1. Entity Name

A W D, INC.

**DO NOT WRITE IN THIS SPACE**

102233

2. Principal Place of Business  
3501 Del Prado Blvd.

3. Mailing Address  
3501 Del Prado Blvd.

Suite, Apt. #, etc.  
Suite 204

Suite, Apt. #, etc.  
Suite 204

DO NOT WRITE IN THIS SPACE

City & State  
Cape Coral, FL

City & State  
Cape Coral, FL

4. FEI Number  
65-0266468

Applied For  
Not Applicab

Zip Country  
33904 US

Zip Country  
33904 US

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

Joseph Schuchter

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

c/o Gallgher & Co. PA

3501 Del Prado Blvd. #204

City

Cape Coral

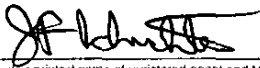
FL

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



JOSEPH SCHUCHTER, PRESIDENT

3-13-02

(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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

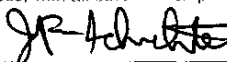
**\$5.00** May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Schuchter, Joseph 3501 Del Prado Blvd. Cape Coral, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



JOSEPH SCHUCHTER, PRESIDENT

941-542-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #