

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90048 014 \*\*\*150.00

**DOCUMENT # V55406**

1. Entity Name  
**A & W ACCOUNTING INC.**

Principal Place of Business <b>200 MONUMENT AVE          SUITE A          KISSIMMEE FL 34741          US</b>	Mailing Address <b>200 MONUMENT AVE          SUITE A          KISSIMMEE FL 34741-5737          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>1452 Acorn Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Kissimmee FL</b>	4. FEI Number <b>59-3134069</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34744</b>	Country <del>USA</del>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**WEST, GERALDINE  
 200 E MONUMENT AVE  
 STE. A  
 KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent  
 Name: **Geraldine West**  
 Street Address (P.O. Box Number is Not Acceptable): **1452 Acorn Ct**  
 City: **Kissimmee** FL Zip Code: **34744**

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: *Geraldine West* DATE: **4/18/00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PS WEST, GERALDINE 1452 ACORN COURT KISSIMMEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Geraldine West* DATE: **4/18/00** DAYTIME PHONE #: **407-846-6677**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)