

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90013 014 ***150.00

DOCUMENT # P98000040212

1. Entity Name
AWS GROUP, INC.

Principal Place of Business
388 GLENN ABBEY LANE
DEBARY FL 32713

Mailing Address
388 GLENN ABBEY LANE
DEBARY FL 32713

771837



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
111 ALEXANDRA Woods Dr
 Suite, Apt. #, etc.

3. Mailing Address
111 ALEXANDRA Woods Dr
 Suite, Apt. #, etc.

City & State
DEBARY Florida

City & State
DEBARY Florida

4. FEI Number **59-3513324**

Applied For
 Not Applicable

Zip *32713* Country *USA*

Zip *32713* Country *USA*

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOT 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!
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	O'KEEFE, THOMAS E	
STREET ADDRESS	388 GLENN ABBEY LANE	
CITY - ST - ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		
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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 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: *Thomas E. O'KEEFE, President* *[Signature]* *05/24/01* *407-668-0334*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)