2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003924

1. Entity Name

AWC PORT SERVICES, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State
09-05-2000 90025 018 ***550.00

Principal Place of Business	Mailing Address
3715 EAST-WEST ROAD TACOMA WA 98421	3715 EAST-WEST ROAD TACOMA WA 98421

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3715 North Frontage Rd	3715 North Frontage Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tacoma WA	City & State: Tacoma WA
Zip: 98421 Country: Pierce	Zip: 98421 Country: Pierce

4. FEI Number 91-1688889 ☐ Applied For ☐ Not Applicable

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 ______________________
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	PCVS SEHER, STEPHEN L 3715 N FRONTAGE RD TACOMA WA 98421	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEHER, STEPHEN L 3715 N FRONTAGE RD TACOMA WA 98421	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/00)

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: Stephen L Seher 8/28/2000 253 922 0540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #