

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002924**

1. Entity Name

G.S.J., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05



Principal Place of Business

Mailing Address

**4852 CAPRON STREET
NEW PORT RICHEY FL 34653**

**P.O. BOX 1562
TARPON SPRINGS FL 34688-1562**

2. Principal Place of Business

3. Mailing Address

1004 US HWY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

City & State

Holiday FL

Zip

Country

Zip

Country

34691

1

DO NOT WRITE IN THIS SPACE
59-3568697

4. FEI Number

APPLIED FOR

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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. Capital Contributions as Shown on record.

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

10,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **S31364**
NAME **2W'S, INC.**
STREET ADDRESS **4852 CAPRON STREET**
CITY - ST - ZIP **NEW PORT RICHEY FL 34653**

STREET ADDRESS **1004 US HWY 19 Suite 202**
CITY - ST - ZIP **Holiday FL 34691**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **7-27-84** Daytime Phone #: **5-5127**

CR2E003 (9/99)