

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90208 023 \*\*\*150.00

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AV

DOCUMENT # **P96000032706**

1. Entity Name  
**GWD WEST PALM III, INC.**



Principal Place of Business  
**9055 IBIS BLVD  
WEST PALM BEACH FL 33412**

Mailing Address  
**9055 IBIS BLVD  
WEST PALM BEACH FL 33412**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0667345**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPEER, GEORGE G  
9055 IBIS BLVD  
WEST PALM BEACH FL 33412**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**430.03**

Signature type for period of registered agent and not for corporation.

(NOTE: Registered Agent signature required when registering.)

Date

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DILLON, THOMAS H</b>	
STREET ADDRESS	<b>9055 IBIS BLVD</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>GALE, STANLEY C</b>	
STREET ADDRESS	<b>9055 IBIS BLVD</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, CLIFFORD G</b>	
STREET ADDRESS	<b>9055 IBIS BLVD</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHIAVONE, CHRISTOPHER R</b>	
STREET ADDRESS	<b>9055 IBIS BLVD</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>KITSON, SYDNEY W</b>	
STREET ADDRESS	<b>9055 IBIS BLVD</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on file with 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

CR2E034 110:021