**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR). 3

## Feb 13, 2002 8:00 am DOCUMENT # P97000043349 **Secretary of State** 1. Entity Name **GMRI RESUPPLY WAREHOUSE COMPANY** 02-13-2002 90145 008 \*\*\*150.00 Principal Place of Business Mailing Address 5900 LAKE ELLENOR DRIVE 5900 LAKE ELLENOR DRIVE ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3450558 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32302-2525 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) 🖄 Delete TITLE TITLE ☐ Change Addition D NAME SMITH, JAMES D. NAME Laurie Burns CR2E034 STREET ADDRESS 5900 LAKE ELLENOR DR STREET ADDRESS 5900 Lake Ellenor Drive CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP Orlando, FL 32809 TITLE VΡ ☐ Delete TITLE Change ☐ Addition NAME WILLIAMS, GEORGE T. NAME STREET ADDRESS STREET ADDRESS 6000 LAKE ELLENOR DR CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP DZ Delete TITLE ٧S Addition ☐ Change NAME MCINTOSH, JAMES O. NAME Douglas Wentz STREET ADDRESS 6000 LAKE ELLENOR DR STREET ADDRESS 5900 Lake Ellenor Drive CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 Orlando, FL 32809 TITLE ☐ Delete TITLE ☐ Change ☐ Addition .... NAME FAISANT, ROBERT F. NAME STREET ADDRESS 6100 LAKE ELLENOR DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP DILE ☐ Delete ☐ Change ☐ Addition NAME HARRIGAN, PATRICK NAME STREET ADDRESS 6100 LAKE ELLEN DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP DITLE AS Delete TITLE Change ☐ Addition NAME CLEVERSEY, DIANE NAME Diane Wheatley (name change) STREET ADDRESS STREET ADDRESS 6000 LAKE ELLENOR DR CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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: