FILED

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

DOCUMENT # P9700096139  1. Entity Name GMC PROPERTY MANAGEMENT, INC.								03 JUN -3 PM I2 SECRETAIN OF S			
Principal Place of Business 9550 REGENCY SOUARE BLVD SUITE 902 JACKSONVILLE FL 32225 US 2. Principal Place of Business			9550 Suite Jack US	Mailing Address 9550 REGENCY SOUARE BLVD SUITE 902 JACKSONVILLE FL 32225 US 3. Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			<b>4.</b> F	El Number <b>85-2357650</b>	F	pplied For lot Applicable	
Zip	Zip Country				itry	<u> </u>	Certificate of Status Desired	Fee Requir			
	6. Name	and Address of Current I	Registere	d Agent			7. N	lame and Address of New Regist	ered Agent		
						Name					
MILLER, FRANK E ESQ. 200 WEST FORSYTH ST,						Street Address (	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 14	00										
JACKSONVILLE FL 32202					City			FL Zip Coo	de		
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00  © After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								Election Campaign Financir     Trust Fund Contribution.	· ,_ +	00 May Be d to Fees	
10.		OFFICERS AND I	DIRECTO	RS	11.	<del>-</del>	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE 37 NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAMI STRE	ſ		05/05/03-01 <b>05-0</b> 1	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NDA K ERY BLVD. VILLE FL 32211		□ Delete		1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2647 CES	HRISTOPHER C. ERY BLVD VILLE FL 32211		☐ Delete		1 .		-	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2647 CES	regory S. Ery Blvd Ville Fl 32211		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete					☐ Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the on this repor poration or th or on an atta	e information supplied with t or supplemental report is the receiver or trustee empor schment with an address.	this filing true and vered to the	does not qualify for accurate and that m execute this report a er like empowered.	the exer ly signat as requir	mption stated in Se ure shall have the s ed by Chapter 607	ction 1 same le , Floric	19.07(3)(i), Florida Statutes. I furth egal effect as if made under oath; t da Statutes; and that my name app	er certify that the hat I am an office ears in Block 10 o	information r or director r Block 11 if	

SIGNATURE:

YNGO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

<u>Jimms</u>

5-27-03 Date 904-338-9524