

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002924**

1. Entity Name

G.S.J., LTD.

FILED

01 MAY 29 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4852 CAPRON STREET
NEW PORT RICHEY FL 34653

Mailing Address

P.O. BOX 1562
TARPON SPRINGS FL 34688

2. Principal Place of Business

1004 US HWY 19

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

City & State

Zip

Country

Zip

Country

34691

FLA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3568697

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MAJ



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.

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

DOCUMENT # S31364
NAME 2W'S, INC.
STREET ADDRESS 1004 US HWY 19, SUITE 202
CITY-ST-ZIP HOUDAY FL 34691

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300004421413--5

-06/15/01--01003--031

*****88.75 *****88.75

STREET ADDRESS

CITY-ST-ZIP

300004421413--5

-06/15/01--01003--032

*****78.75 *****78.75

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

800-945-9422

Daytime Phone #

CR2E003 (11/00)

0014474 AF