

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000089326

Entity Name: G-P BOW, INC.**Current Principal Place of Business:**2295 CORPORATE BLVD. N.W., SUITE 222
BOCA RATON, FL 33431**Current Mailing Address:**2295 CORPORATE BLVD. N.W., SUITE 222
BOCA RATON, FL 33431**FEI Number:** 65-0788603**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HERRICK, NORTON
2295 CORPORATE BLVD. N.W., SUITE 222
BOCA RATON, FL 33431-0810 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DPST
Name	HERRICK, NORTON
Address	2295 CORPORATE BLVD N.W. STE. 222
City-State-Zip:	BOCA RATON FL 33431

Title	VPAS
Name	HERRICK, MICHAEL
Address	2 RIDGEDALE AVE STE 370
City-State-Zip:	CEDAR KNOLLS NJ 07927

Title	VP
Name	HERRICK, EVAN
Address	2 RIDGEDALE AVE STE 370
City-State-Zip:	CEDAR KNOLLS NJ 07927

Title	VPAS
Name	HERRICK, HOWARD
Address	2 RIDGEDALE AVE STE 370
City-State-Zip:	CEDAR KNOLLS NJ 07927

Title	C
Name	MAFFEI, TONY
Address	2 RIDGEDALE AVE STE 370
City-State-Zip:	CEDAR KNOLLS NJ 07927

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TONY MAFFEI**CONTROLLER****01/24/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date