

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90368 017 ***150.00

DOCUMENT # 622689

1. Entity Name

G & W MANAGEMENT, INC.

Principal Place of Business

2220 NE 68 ST

#1026

FT. LAUDERDALE FL 33308

US

Mailing Address

2220 NE 68 ST

#1026

FT. LAUDERDALE FL 33308

US

2. Principal Place of Business

180 CY PRESS CLUB DR

Suite, Apt. #, etc.

815

POMPANO BEACH

Zip

33060

Country

FLORIDA

3. Mailing Address

180 CY PRESS CLUB DR

Suite, Apt. #, etc.

815

POMPANO BEACH

Zip

33060

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1910571

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOMAKER, IRENE

2220 NE 68 ST

APT #1026

FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

SCHOMAKER IRENE

Address (P.O. Box Number is Not Acceptable)

180 CY PRESS CLUB DR

815

POMPANO BEACH

FL

Zip Code

33060

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

Tax filing requirement and elects to do so.

(See criteria on back)



FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SCHUMAKER, IRENE
2220 NE 68 ST, APT #1026
FT. LAUDERDALE FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SCHOMAKER, GUENTER
2220 NE 68 ST, APT #1026
FT. LAUDERDALE FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

180 CY PRESS CLUB DR #815
POMPANO BEACH FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

180 CY PRESS CLUB DR #815
POMPANO BEACH FL 33060

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☐ Change ☐ Addition

13. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

704 8926246

4.15.02