

2001 UNIFORM BUSINESS REPORT (UBR)

0013220 AF

DOCUMENT # **A96000001448**

1. Entity Name

G.W. PARTNERS, LTD. 1

Principal Place of Business

21 WEST FEE AVENUE, SUITE F
MELBOURNE FL 32901

Mailing Address

P.O. BOX 440
MELBOURNE FL 32902-0440

FILED

01 JUN 11 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

207B South ORANGE Blossom

3. Mailing Address

207B South ORANGE Blossom

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apopka, FLA

City & State

Apopka, FLA

4. FEI Number

65-0687470

Applied For

Not Applicable

Zip

32703

Country

Zip

32703

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORNT0, SAMUEL E

21 WEST FEE AVENUE, SUITE F
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

KENNETH L. WOOD

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

207B South ORANGE Blossom TR

City

Apopka

FL

Zip Code

32703

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

KENNETH L. WOOD (PRESIDENT)

[Signature]

4-30-01

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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,000.00

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 # P96000064842
NAME GASMART, INC.
STREET ADDRESS 21 WEST FEE AVENUE, SUITE F
CITY-ST-ZIP MELBOURNE FL 32901

13. ADDRESS CHANGES ONLY

STREET ADDRESS 207B South ORANGE Blossom TR
CITY-ST-ZIP Apopka, FLA 32703

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-30-01

Date

407-886-8050

Daytime Phone #

CR2E003 (11/00)