

2001 UNIFORM BUSINESS REPORT (UBR)

0013222 AF

DOCUMENT # A97000000871

1. Entity Name

G.W. PARTNERS, LTD. 2

FILED

01 JUN 11 PM 12:25

Principal Place of Business

21 WEST FEE AVENUE, SUITE F
MELBOURNE FL 32901

Mailing Address

P.O. BOX 440
MELBOURNE FL 32902-0440

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2078 South ORANGE Blossom

3. Mailing Address

2078 South ORANGE Blossom

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FLA

City & State

APOPKA, FLA

4. FEI Number

59-3444434

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

GORINTO, SAMUEL E

21 WEST FEE AVENUE, SUITE F
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

KENWETH L. WOOD

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

2078 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

KENWETH 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

GASMAIT, INC.

STREET ADDRESS

21 WEST FEE AVENUE, SUITE F

CITY-ST-ZIP

MELBOURNE FL 32901

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2078 South ORANGE Blossom TR

CITY-ST-ZIP

APOPKA, FLA 32703

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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]

4-30-01

407-886-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)