

2002 UNIFORM BUSINESS REPORT (UBR)

00076330 AT

DOCUMENT # A97000000871

1. Entity Name
G.W. PARTNERS, LTD. 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/5/28

02 MAY 13 PM 12:47

Principal Place of Business
2078 SOUTH ORANGE BLOSSOM
APOPKA FL 32703

Mailing Address
2078 SOUTH ORANGE BLOSSOM
APOPKA FL 32703



2. Principal Place of Business
2070 S. Orange Blossom Trail
Suite, Apt. #, etc.

3. Mailing Address
2070 S. Orange Blossom Trail
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Apopka, Florida
Zip 32703 Country USA

City & State
Apopka FL
Zip 32703 Country USA

4. FEI Number 59-3444434
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, KENNETH L
2078 SOUTH ORANGE BLOSSOM
APOPKA FL 32703

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00

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 # P96000064842
NAME GASMART, INC.
STREET ADDRESS 2078 SOUTH ORANGE BLOSSOM
CITY-ST-ZIP APOPKA FL 32703

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2070 South Orange Blossom Trail
CITY-ST-ZIP Apopka, FL 32703

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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****150.00 ****150.00

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: Kenneth L Wood

407-886-3338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)