

2002 UNIFORM BUSINESS REPORT (UBR)

0007631 AT

DOCUMENT # **A97000000872**

1. Entity Name

G.W. PARTNERS, LTD. 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 13 PM 12:46

4/5/28

Principal Place of Business

**2078 S. ORANGE BLOSSOM
APOPKA FL 32703**

Mailing Address

**2078 S. 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 FL

City & State

Apopka FL

4. FEI Number

59-3444437

Applied For

Not Applicable

Zip

Country

32703 USA

Zip

Country

32703 USA

5. Certificate of Status Desired

**X \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, KENNETH L
2078 S. 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

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

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000064842**
NAME **GASMAST, INC.**
STREET ADDRESS **2078 S. ORANGE BLOSSOM**
CITY-ST-ZIP **APOPKA FL 32703**

STREET ADDRESS **2070 S. Orange Blossom Trail**
CITY-ST-ZIP **Apopka FL 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

700005664317--7
-06/03/02-01030-025
******150.00 ****150.00**

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:

Kenneth L. Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

407-876-3338
Daytime Phone #

CR2E003 (9/01)