

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90001 016 \*\*\*150.00

**DOCUMENT # F08332**  
 1. Entity Name  
**R. W. GORES, INC.**

Principal Place of Business      Mailing Address  
**681 N. WICKHAM RD**      **681 N. WICKHAM RD**  
**MELBOURNE FL 32935**      **MELBOURNE FL 32935**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GORES, R W**  
**681 N WICKHAM RD**  
**MELBOURNE FL 32935**

7. Name and Address of New Registered Agent  
 Name: **JAMES P. BEADLE**  
 Street Address (P.O. Box Number is Not Acceptable): **5205 Babcock St NE**  
 City: **Palm Bay**      FL      Zip Code: **32905**

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]*      DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

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	P	<input checked="" type="checkbox"/> Delete
NAME	GORES, R.W.	
STREET ADDRESS	681 N WICKHAM RD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	GORES, R W	
STREET ADDRESS	681 N WICKHAM RD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Derek L. Gores	
STREET ADDRESS	1139 INDIAN OAKS DR	
CITY-ST-ZIP	Tampa, FL 33624 33625	
TITLE	Treasurer/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHLEEN BECHER	
STREET ADDRESS	174 Skyline Blvd.	
CITY-ST-ZIP	SATellite BEACH FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*      DATE: **4/24/02**      DAYTIME PHONE #: **321 242-2044**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)