

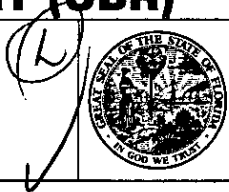
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90054 023 ***150.00

DOCUMENT # F08332

1. Entity Name
R. W. GORES, INC.



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

Mailing Address
**681 N. WICKHAM RD
MELBOURNE FL 32935**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2058415**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEADLE, JAMES P
5205 BABCOCK ST NE
PALM BAY FL 32905**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GORES, DEREK L	
STREET ADDRESS	11139 INDIAN OAKS DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BELCHER, CATHLEEN	
STREET ADDRESS	174 SKYLINE BLVD.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
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		
TITLE		<input type="checkbox"/> Delete
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		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathleen A. Belcher **CATHLEEN BELCHER** 7/31/03 321 242 2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #

CR2E034 (4/03)

Attachment

80136279
#FO8332

Arno Financial Services, Inc.

•Investments• Insurance • Tax • Accounting
1601 Airport Blvd • Suite 2 • Melbourne, Florida 32901
(321) 951-2888 • Fax (321) 768-7589

Andrew P. Arno

Enrolled to Represent Taxpayers before the IRS
Accredited Tax Advisor
Member of Florida Society of Accounting & Tax Professionals
Member of National Society of Accountants



Tamara L. Cheek

Enrolled to Represent Taxpayers before the IRS
Member of Florida Society of Accounting & Tax Professionals
Member of the QuickBooks Professional Advisors Program

July 31, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: R W Gores, Inc.
681 N Wickham Road
Melbourne, FL 32935-8770
EIN #: 59-2058415
Form: UBR - Uniform Business Report

Dear Sir or Madam:

I am writing to request an abatement of the penalty in the amount of \$400.00 for the late filing of the uniform business report. My client has enclosed a check in the amount of \$150.00 for the original filing fee. The previous owner died January-27, 2002 and his ex-wife had to take over the business. She was not involved in the business prior to his death and had no prior knowledge running the business. She does not recall getting an original notice in January or she would have forwarded it to our office for completion. She promptly responded to the second notice and has paid the fee. Please consider abatement of the penalties as the taxpayer did not intentionally refuse to pay the fees and she never received the first notice. If you need any additional information or if I can be of any further assistance, please call my office at (321) 951-2888. Thank you for your prompt response to this matter.

Sincerely,

Tamara L. Cheek, EA

Tamara L. Cheek, E.A.
Arno Financial Services, Inc.

Enclosures



*Andrew P. Arno, Registered Representative

Securities offered through H.D. Vest Investment Services™, Member: SIPC, Advisory services offered through H.D. Vest Advisory Services™, Non-bank subsidiaries of Wells Fargo & Company • 6333 North State Highway 161, Fourth Floor, Irving, Texas 75038 • (972) 870-6000