

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F34918

1. Entity Name

G AND W ASSOCIATES, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91098 045 \*\*\*150.00

Principal Place of Business

640 LANDER ROAD  
WINTER PARK FL 32792

Mailing Address

640 LANDER ROAD  
WINTER PARK FL 32792

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number 59-2095448

☐ Added For  
☐ Not Applicable
5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOX, HENRY G  
 640 LANDER ROAD  
 WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

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

City

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 (typical printed name of registered agent and the Filing Office)

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

PLEASE SHOWIN FEE OF \$160.00  
 After MAY 1, 2001 Fee will be \$280.00  
 Make Check Payable to Department of State

10. Election Campaign Financing  
 Trust Fund Contribution ☐

\$5.00 May Be  
 Added to Fees

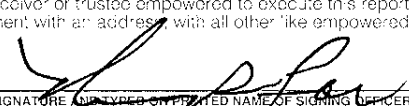
11. OFFICERS AND DIRECTORS

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | STD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | FOX, DOROTHEA M             |                                            |
| STREET ADDRESS | 640 LANDER RD               |                                            |
| CITY-STATE-ZIP | WINTER PARK, FL 00000 32792 |                                            |
| TITLE          | VD                          | <input type="checkbox"/> Delete            |
| NAME           | FOX, STEPHEN H              |                                            |
| STREET ADDRESS | 640 LANDER RD               |                                            |
| CITY-STATE-ZIP | WINTER PARK, FL 00000 32792 |                                            |
| TITLE          | PD                          | <input type="checkbox"/> Delete            |
| NAME           | FOX, HENRY G                |                                            |
| STREET ADDRESS | 640 LANDER RD               |                                            |
| CITY-STATE-ZIP | WINTER PARK, FL 00000 32792 |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-STATE-ZIP |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-STATE-ZIP |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-STATE-ZIP |                             |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-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.



Henry G. Fox

4-26-01

407-671-2199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (10/00)