

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90098 028 ***150.00

DOCUMENT # F37463

1. Entity Name
GWW DEVELOPMENT, INC.

Principal Place of Business

217 FAIRWAY WEST
TEQUESTA FL 33469
US

Mailing Address

900 S US HWY 1
JUPITER FL 33477
US

2. Principal Place of Business

900 S. US HWY #1
Suite, Apt. #, etc.
109

3. Mailing Address

900 S. US HWY #1
Suite, Apt. #, etc.
109

City & State

JUPITER FL

City & State

JUPITER FL

4. FEI Number

75-1707385

Applied For

Not Applicable

Zip

33477

Country

PB

Zip

33477

Country

PB

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILSON, LOWELL H.
217 FAIRWAY WEST
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name
JEFF A. WILSON
Street Address (P.O. Box Number is Not Acceptable)
Same as corp
City
FL **Zip Code**
33477

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 *JEFF A. WILSON* **PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
1-22-02

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILSON, L H 217 FAIRWAY WEST TEQUESTA FL 33469	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S- WILSON, JEFF A 217 FAIRWAY WEST TEQUESTA FL 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT BLYTHE, R.C. 200 FIRST ST SE CEDAR RAPIDS IA 52401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T- WILSON, JOEL L 217 FAIRWAY WEST TEQUESTA FL 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SPT-D WILSON, JEFF A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as corp Box 3 above
TITLE NAME STREET ADDRESS CITY - ST - ZIP	200 1st ST SE STE 1313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SF-D WILSON, JOEL L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as corp Box 3 above
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *JEFF A. WILSON* **JEFF A. WILSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-22-02** **319362 2131**
Date Daytime Phone #

CR2E034 (9/01)