

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90198 005 ***150.00

DOCUMENT # F37463

1. Entity Name
GWV DEVELOPMENT, INC.



Principal Place of Business
**900 S US HWY 1 STE 109
JUIPTER FL 33479
US**

Mailing Address
**900 S US HWY 1 STE 109
JUIPTER FL 33479
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33477

33477

4. FEI Number **75-1707385**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, JEFF
217 FAIRWAY WEST
TEQUESTA FL 33469**

Name

JEFF WILSON

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

900 So US Hwy 1 STE 109

City

JUPITER

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

SIGNATURE

Jeff A Wilson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-3

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PTD	<input type="checkbox"/> Delete
NAME	WILSON, JEFF A	
STREET ADDRESS	217 FAIRWAY WEST	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	BLYTHE, R.C.	
STREET ADDRESS	200 A ST SE 1313	
CITY-ST-ZIP	CEDAR RAPIDS IA 52401	
TITLE	SFD	<input type="checkbox"/> Delete
NAME	WILSON, JOEL L	
STREET ADDRESS	217 FAIRWAY WEST	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOAN A WILSON	
STREET ADDRESS	900 So US Hwy 1 STE 109	
CITY-ST-ZIP	JUPITER FL 33477	
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	900 So US Hwy 1 STE 109	
CITY-ST-ZIP	JUPITER FL 33477	
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	900 So US Hwy 1 STE 109	
CITY-ST-ZIP	JUPITER FL 33477	
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:

Jeff A Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03 561-744-7200

Date

Daytime Phone #

CEP0034 (10/02)