

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90018 023 ***150.00

DOCUMENT # F96000002030

1. Entity Name

G&W ASSET MANAGEMENT, INC.

Principal Place of Business

2470 WINDY HILL ROAD
 SUITE 342
 MARIETTA GA 30067
 US

Mailing Address

P.O. BOX 723307
 ATLANTA GA 31139
 US

908777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 Peachtree Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 1475

City & State

Atlanta, GA

City & State

4. FEI Number

58-1939173

Applied For

Not Applicable

Zip

30303

Country

USA

Zip

Country

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

STACK, BRIAN
 1200 BRICKELL AVE, SUITE 950
 MIAMI FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	O'HALLORAN, KEVIN	
STREET ADDRESS	P.O. BOX 723307	
CITY-ST-ZIP	ATLANTA GA 31139	
TITLE		<input type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin O'Halloran as Liquidating Agent

1/23/01 770-432-2284

CR2E034 (10/00)