

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90195 044 ***158.75

DOCUMENT # F97000002960

1. Entity Name

GMH DOMESTICS, INC.

Principal Place of Business

Mailing Address

**WEST LANCASTER AVE STE 210
 PA 19087**

**353 WEST LANCASTER AVE STE 210
 WAYNE PA 19087-3907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2853528

Applied For

Not Applicable

Zip

Country

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

**F & L CORP
 200 LAURA STREET
 3RD FLR
 JACKSONVILLE FL 32201**

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, 2000 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 **PD** ☐ Delete
 NAME **HOLLOWAY, GARY M**
 STREET ADDRESS **353 WEST LANCASTER AVE STE 210**
 CITY-ST-ZIP **WAYNE PA 19087**

TITLE **AS** ☐ Change ☒ Addition
 NAME **Denise Hubley**
 STREET ADDRESS **353 W. Lancaster Ave.**
 CITY-ST-ZIP **Wayne, PA 19087**

TITLE **VPT** ☐ Delete
 NAME **ROBINSON, BRUCE**
 STREET ADDRESS **353 W. LANCASTER AVE.**
 CITY-ST-ZIP **WAYNE PA 19087**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **DIGIUSEPPE, ROBERT**
 STREET ADDRESS **353 W. LANCASTER AVE.**
 CITY-ST-ZIP **WAYNE PA 19087**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPS** ☐ Delete
 NAME **COYLE, CATHERINE**
 STREET ADDRESS **353 WEST LANCASTER AVENUE**
 CITY-ST-ZIP **WAYNE PA 19081**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

Robert DiGiuseppe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert DiGiuseppe

2/10/00

Date

610 687-6321

Daytime Phone #

CR2E034 (9/99)