

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90062 001 ****61.25

DOCUMENT # N42093

1. Entity Name

G.D.P.W.W., INC.

Principal Place of Business

Mailing Address

110 GATEWAY DRIVE
 MACON GA 31210
 US

110 GATEWAY DRIVE
 MACON GA 31210-1140
 US

00028800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0259881

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

HUDSON, GEORGE R.
3524 CRAFTSMAN BLVD
LAKELAND FL 33803

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TARR, JEFF	
STREET ADDRESS	705 W BAGLEY RD	
CITY-ST-ZIP	BEREA OH 44017	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, W. G	
STREET ADDRESS	110 GATEWAY DR	
CITY-ST-ZIP	MACON GA 31210	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAROLD, MUSE	
STREET ADDRESS	7921 INDUSTRIAL VILLAGE RD	
CITY-ST-ZIP	GREENSBORO NC 27409	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDISON, BOB	
STREET ADDRESS	13 EAGLE DR	
CITY-ST-ZIP	SANFORD ME 04673	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PECK, HENRY	
STREET ADDRESS	8851 KELSO DR	
CITY-ST-ZIP	BALTIMORE MD 21221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	- T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE PIERSON	
STREET ADDRESS	BACKWICH & KUFFEL	
CITY-ST-ZIP	5930 - 1ST AVENUE SEATTLE WA 98108	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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 617, 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:

MIKE PIERSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/00 **206-767-6700**