

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90237 022 \*\*\*\*61.25

**DOCUMENT # N42093**

1. Entity Name

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

Principal Place of Business

110 GATEWAY DRIVE  
 MACON GA 31210  
 US

Mailing Address

110 GATEWAY DRIVE  
 MACON GA 32310  
 US

978979



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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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	T	<input type="checkbox"/> Delete
NAME	PIERSON, MIKE	
STREET ADDRESS	5930 - 1ST AVE SO	
CITY-ST-ZIP	SEATTLE WA 98108	
TITLE	PD	<input 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 checked="" 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		<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		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David P. Little	
STREET ADDRESS	7272 Pinemont	
CITY-ST-ZIP	Houston, Texas 77040	
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 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:

*David P. Little*

Sept 3, 2002 713-996-4700

CR2E037 (4/02)