

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90025 027 ***150.00

0013627

DOCUMENT # P00000031848

1. Entity Name
G.M. GUMBS & COMPANY, INC.

Principal Place of Business 2809 ART MUSEUM DR. JACKSONVILLE FL 32207	Mailing Address 2809 ART MUSEUM DR. JACKSONVILLE FL 32207
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0 6 4 2 6 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4118 Philips Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

4. FEI Number
59-3625189

Applied For
 Not Applicable

Zip
32207

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

HARDEE, GREG
2809 ART MUSEUM DR.
JACKSONVILLE FL 32207

Name
Godwin M. GUMBS

Street Address (P.O. Box Number is Not Acceptable)
4118 Philips Hwy

City **JACKSONVILLE** FL Zip Code **32207**

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 **Godwin M. GUMBS** *Godwin M Gumbs* **04-26-01**
Signature, typed or printed name of registered agent and (to it) apply each. (NOTE: Registered Agent signature required when reissuing) 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 NAME STREET ADDRESS CITY-ST-ZIP	P GUMS, GODWIN M 2809 ART MUSEUM DR. JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUMBS, GODWIN M. 4118 Philips Hwy JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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: **Godwin M. GUMBS** *Godwin M. Gumbs* **04-26-01** **904-739-7212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #