

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business  
4118 Philips Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
JACKSONVILLE FL

City & State

Zip  
32207

Country

Zip

Country

4. FEI Number  
59-3625189

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HARDEE, GREG  
2809 ART MUSEUM DR.  
JACKSONVILLE FL 32207

## 7. Name and Address of New Registered Agent

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 title acceptable. (NOTE: Registered Agent signature required when reissuance) 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

TITLE P  
NAME GUMBS, GODWIN M  
STREET ADDRESS 2809 ART MUSEUM DR.  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME GUMBS, GODWIN M. ☒ Change ☐ Addition  
STREET ADDRESS 4118 Philips Hwy  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

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

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

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

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

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 #

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

05-15-2001 90025 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2ED034 (10/00)