

2001-UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000086144**

1. Entity Name

GMI CONSTRUCTION SERVICES, INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90006 017 ***150.00

Principal Place of Business

P.O. BOX 22029
LAKE BUENA VISTA FL 32830

Mailing Address

P.O. BOX 22029
LAKE BUENA VISTA FL 32830**965434**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Lot 20 Dopey Dr
Suite, Apt. #, etc.

3. Mailing Address

2978 Old Dixie Hwy
Suite ECity & State
Lake Buena Vista FLCity & State
Kissimmee FL

4. FEI Number

59-3670390

Applied For

Not Applicable

Zip
32830Country
USAZip
~~32830~~Country
USA5. 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

HEATH, ALEXIS
1523 ISON LN
OCOE FL 34761

34744

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARK, GORDON
1145 N TROPICAL TR
MERRITT ISLAND FL 32953 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HESTER, HARRY
10050 CANOPY TREE CT
ORLANDO FL 32836 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
THOMAS, DAN
1059 SUGARBERRY TR
OVIEDO FL 32765 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HEATH, ALEXIS
1523 ISON LN
OCOE FL 34761 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HESTER, GARRY ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OCOE, FL. 34761 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01

407-934-8782

CR2E034 (10/00)