

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095265

1. Entity Name

G M COMPLETE SERVICES, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90192 044 \*\*\*150.00

0320315

Principal Place of Business

7896 SONOMA SPRINGS CIRCLE, #306  
LAKE WORTH FL 33463

Mailing Address

7896 SONOMA SPRINGS CIRCLE, #306  
LAKE WORTH FL 33463

ADDRESS CHANGE

2. Principal Place of Business

7864 SONOMA SPRINGS CIRCLE

Suite, Apt. #, etc.  
# 207

3. Mailing Address

7864 SONOMA SPRINGS CIRCLE

Suite, Apt. #, etc.  
# 207



DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FLA.

City & State

LAKE WORTH, FLA.

4. FEI Number

Applied For

☒ Not Applicable

Zip  
33463

Country  
U.S.A.

Zip  
33463

Country  
U.S.A.

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

MYERS, GEORGE

7896 SONOMA SPRINGS CIRCLE, #306  
LAKE WORTH FL 33463

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 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, GEORGE	NAME	
STREET ADDRESS	7896 SONOMA SPRINGS CIRCLE, #306	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #

GEORGE MYERS / 25/01 (561) 289-8883

CR2E034 (10/00)