## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P00000108637

1. Entity Name

GM DOLLAR, INC.

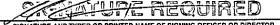


**FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90149 036 \*\*\*150.00

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Principal Place of Business 3635 CORRIGAN CT LAKE WORTH FL 33461		Mailing Address 3635 CORRIGAN CT LAKE WORTH FL 33461								
2. Principal P	lace of Business	3. Mailing Ad	3. Mailing Address				<b>11</b> 111 <b>11</b> 111 <b>11</b> 111	(BITI 11814 BBIT		14kii 1801 1801
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	9	City & State	City & State			4. FEI Number 65-1058331			Applied For Not Applicable	
Zip	Country	Zip		Country	ntry 5. C		s Desired		<b>8.75</b> Added Requires	
	1	7	. Name and Addres	s of New Re	gistered Ag	ent				
	6. Name and Address of Curre			Name			- ــــــــــــــــــــــــــــــــــــ			
MONESTIME, GENEREX J 3635 CORRIGAN CT			Street Ad	dress (P.O	. Box Number is Not	Acceptable)	.,,,,			
LAKE WORTH FL 33461										
				City				FL	Zip Code	
	named entity submits this statemer ions of registered agent.	nt for the purpose of	changing its r	registered office or i	egistered	agent, or both, in the	State of Flori	da. I am far	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE	Registered Agent signatur	e required whe	en reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Co Trust Fund	ampaign Fina Contribution.	. —		<b>0</b> May Be I to Fees
10.	•	ND DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFIC	ERS AND D	IRECTORS	S IN 11
TITLE NAME STREET ADDRESS	P MONESTIME, GENEREX J 3635 CORRIGAN CT LAKE WORTH FL 33461		Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					Change	Addition
CITY-ST-ZIP TITLE	S S		Delete .	TITLE				[	Change	Addition
. NAME STREET ADDRESS CITY-ST-ZIP	MONESTIME, MARIE F 3635 CORRIGAN CT LAKE WORTH FL 33461			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE			Delete	TITLE					Change	☐ Addition
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44 11 1	and the second of the second contraction of	المستملم بمسائلك مانطه عادلين	not qualify for	the averagion state	nd in Speti	on 119 07(3)(i) Florid	da Statutae III	turther certif	v that the i	ntormation

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 607, 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:



Daytime Phone #