

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90126 029 ***150.00

DOCUMENT # P01000001628

1. Entity Name

GDM CARPENTRY, INC.

Principal Place of Business

**560 SHERWOOD OAKS ROAD
 ORANGE CITY FL 32763
 US**

Mailing Address

**P.O. BOX 1182
 DELAND FL 32721-6327
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. box 1182

City & State

Deland, FL

Zip

32721-1182

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3702922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCVICKERS, GARY D
 1532 W. STEVENS ST.
 DELAND FL 32720**

7. Name and Address of New Registered Agent

Name

Gary McVicker

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

560 Sherwood Oaks Rd.

City

Orange City

FL

Zip Code

32763

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

Gary McVicker

Signature, typed or printed name of registered agent and title if applicable.

Gary McVicker

(NOTE: Registered Agent signature required when reinstating)

4/13/02

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, 2002 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 ☐ Delete
 NAME **DPST**
 STREET ADDRESS **MCVICKERS, GARY D**
 CITY-ST-ZIP **1521 W. STEVENS ST.
 DELAND FL 32720**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11' ☐ Change ☐ Addition

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

GARY D MCVICKERS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02
 Date

407 496 5476
 Daytime Phone #

CR2E034 (9/01)