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

DOCUMENT # P01000023173

GD'S Wekchandise, INC.

## **FILED** Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90470 007 \*\*\*150.00

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2. Principal Place of Bus		3. Mailing Address			
P.O. Box 936443		P.O. Box 936443			
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City & State	F.L	City & State	, FL	4. FEI Number 65-108 2242	1400 Applicable
<sup>Zip</sup> 33093	Browno	Zip 33093	Brallons	5. Certificate of Status Desired Fe	8.75 Additional ee Required
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SIGNATURE					
Signature, typ	ed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent signature require	d when reinstating) DATE	
After Ma Amende	May 1 Fee is \$150.00 y 1, Fee is \$550.00 ed UBR is \$61.25 to Florida Department o	f State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	OED STREET, WINDOWS AND ASS.	· 大學 (1985年 1985年 19		
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	the information and all all and	h this filips do - not a - 115 1	# 1 % . 1 . 1 . 1 . 1 . 1 . 2 . 2 . 2 . 2 . 3 . 3 . 3 . 3 . 3 . 3	ection 119.07(3)(i). Florida Statutes. I further certif	v that the information

indicated on this report or supplied with this ming does not quality for the exemption stated in section 119.07(5)(f), Florida Statutes. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_

ED OPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR