

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90013 046 ***150.00

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DOCUMENT # P01000064973

1. Entity Name

T.G.M.W, INC.

Principal Place of Business

670 W. FAIRBANKS AVE.
 WINTER PARK FL 32789

Mailing Address

670 W. FAIRBANKS AVE.
 WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Satellite Beach

City & State

FL

Zip

32937

Country

Brevard

Suite, Apt. #, etc.

Satellite Beach

City & State

FL

Zip

32937

Country

Brevard



DO NOT WRITE IN THIS SPACE

4. FEI Number

593730913

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROOKS, MARVIN E
 213 W. COMSTOCK AVE.
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name Mariam Cronin

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

843 Loggerhead Is Drive

City Satellite Beach FL Zip Code 32937

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

Mariam Cronin Secretary Mariam Cronin 4/27/02

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, 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	D	<input type="checkbox"/> Delete
NAME	KARTZINEL, WAYNE	
STREET ADDRESS	28 BISHOP PARK RD.	
CITY-ST-ZIP	POUND RIDGE NY 10576	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRONIN, MIRIAM JEAN	
STREET ADDRESS	28 BISHOP PARK RD.	
CITY-ST-ZIP	POUND RIDGE NY 10576	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	843 Loggerhead Is Drive
CITY-ST-ZIP	Satellite Beach FL 32937
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	843 Loggerhead Is Drive
CITY-ST-ZIP	Satellite Beach FL 32937
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)