## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 23, 2002 8:00 am Secretary of State DOCUMENT # P01000075945 1. Entity Name G.G.'S & G.W. INCELVEUR COM 07-23-2002 90323 036 \*\*\*150.00 COME SE WALTER Principal Place of Business Mailing Address 2400 CHRISTAMMY COURT 2400 CHRISTAMMY COURT ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3636971 Not Applicable ...Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOBLER, WALTER Street Address (P.O. Box Number is Not Acceptable) 2400 CHRISTAMMY COURT ORLANDO FL 32835 City 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. I am familiar with, and accept 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 FILE NOW!!! FEE IS \$550.00 Tax filling requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE - → Delete TITLE Change ☐ Addition NAME STREET ADDRESS DOBLER, WALTER NAME 2400 CHRISTAMMY COURT STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP CITY-ST-7IP VSTD ☐ Delete TITLE ☐ Change ☐ Addition NAME DOBLER, GRETA NAME STREET ADDRESS 2400 CHRISTAMMY COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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 w/

STREET ADDRESS

CITY-ST-ZIP

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FILED

Attochment P01000075945

July 18, 2002

State of Florida Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

This is the first time for my corporation to send in this document. In error it was not noted at the time you mailed my corporation papers that this would be due. Please excuse the late fee. In the future this fee will be paid on time.

Thank you,

Greta Levy Dobler G.G.'S & G.W., Inc.

FEI Number 59-3636971

**QG'8 & QW, INC. 2400 CHRISTAMMY CT ORLANDO FL 32835**