

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 29 AM 8:00

DOCUMENT # P01000095258

1. Entity Name

GW Construction of Brevard, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4105 Lake Glenn Dr.
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

REINSTATEMENT 04

DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3271167

Applied For

Not Applicable

Zip
32934

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Greg Walsh

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

4105 Lake Glenn Dr.

City
Melbourne

FL

Zip Code
32934

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 the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

600041782936
10/11/04--01054--024 **150.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Walsh, Greg
STREET ADDRESS	4105 Lake Glenn Dr.
CITY-ST-ZIP	Melbourne FL 32934
TITLE	D
NAME	McKenzie, Zachariah
STREET ADDRESS	2275 Smathers Cir.
CITY-ST-ZIP	Melbourne, FL 32935
TITLE	D
NAME	Parkhurst, James
STREET ADDRESS	2275 Smathers Cir.
CITY-ST-ZIP	Melbourne, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Greg Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/04

403-8126

CR2E034B (12/02)

292

ATTN: MS. RUBY
DIVISION OF CORPORATIONS
PO BOX 6327

DEAR MS. RUBY:

Enclosed is the downloaded Reinstatement form. Also you have received our check for \$150.00.

Very truly yours,

Gregory J. Walsk

GREG WALSH, PRES.

050 : 25 10 1972