

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90224 012 ***158.75

DOCUMENT # P01000095339

1. Entity Name

GW INC

Principal Place of Business

Mailing Address

~~13719 - 65TH STREET~~
LARGO FL 33771

~~13719 - 65TH STREET~~
LARGO FL 33771

00060339



2. Principal Place of Business

3. Mailing Address

1135 Starkey Rd. #8

1135 Starkey Rd. #8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#8

#8

City & State

City & State

Largo, FL

Largo, FL

Zip

Country

Zip

Country

33771 USA

33771 USA

4. FEI Number

Applied For

59-3746508

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROHRET, KARIN
5290 SEMINOLE BLVD
ST PETERSBURG FL 33708

Name

David Sobolewski

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

1135 Starkey Rd. #8

City

Largo

FL

Zip Code

33771

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SOBOLEWSKI, DAVID	
STREET ADDRESS	13719-65TH STREET	
CITY-ST-ZIP	LARGO FL 33771	
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		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Sobolewski	
STREET ADDRESS	1135 Starkey Rd #8	
CITY-ST-ZIP	Largo, FL 33771	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Parris	
STREET ADDRESS	1135 Starkey Rd. #8	
CITY-ST-ZIP	Largo, FL 33771	
TITLE	Vice President - Home Development	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Krajdek	
STREET ADDRESS	1135 Starkey Rd. #8	
CITY-ST-ZIP	Largo, FL 33771	
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:

P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 727-507-0443
 Date Daytime Phone #

0461710 AN

CR2E034 (9/01)