

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90220 033 ***150.00

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DOCUMENT # P02000033123

1. Entity Name
G & N MOTOR WORKS, INC.



Principal Place of Business
**3596 GATLIN PLACE CIR
ORLANDO FL 32812**

Mailing Address
**3596 GATLIN PLACE CIR
ORLANDO FL 32812**

2. Principal Place of Business
3608 E. COLONIAL DR.
Suite, Apt. #, etc.

3. Mailing Address
3608 E. COLONIAL DR.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
75-3072360

Applied For
☐ Not Applicable

Zip Country
32803 U.S.A

Zip Country
32803 U.S.A

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KHOURY, GEORGE
3596 GATLIN PLACE CIR
ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 the obligations of, registered agent.

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	KHOURY, GEORGE	
STREET ADDRESS	3596 GATLIN PLACE CIR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARMALY, NABIL	
STREET ADDRESS	3596 GATLIN PLACE CIR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input type="checkbox"/> Delete
NAME	KHOURY, ANA	
STREET ADDRESS	3596 GATLIN PLACE CIR	
CITY-ST-ZIP	ORLANDO FL 32812	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMALY, NABIL	
STREET ADDRESS	16 STONEGATE SOUTH	
CITY-ST-ZIP	LONGWOOD, FL 32779-3018	
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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-03 4072561795

Date

Daytime Phone #

CR2E034 (10/02)