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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000049185**

1. Entity Name
GM MERCHANDISE INCORPORATED

FILED
03 FEB -3 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 740 FLORIDA CENTRAL PARKWAY		3. Mailing Address	
Suite, Apt. #, etc. SUITE 1016		Suite, Apt. #, etc.	
City & State LONGWOOD, FLORIDA		City & State	
Zip 32750-7652	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-6196763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LINDA MC MAHAN
Street Address (P.O. Box Number is Not Acceptable) 1424 FALCONCREST BLVD.
City APOPKA
State FL
Zip Code 32712

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 *Linda Mcmahan* **LINDA MCMAHAN PRESIDENT** **11-18-02**
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P	NAME MC MAHAN LINDA	TITLE	NAME
STREET ADDRESS 1424 FALCONCREST BLVD.	CITY-ST-ZIP APOPKA, FLORIDA 32712	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE: *Linda Mcmahan* **11-18-02** 407-261-5731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**GM MERCHANDISE INC.
740 FLORIDA CENTRAL PARKWAY SUITE 1016
LONGWOOD, FLORIDA 32750-7652
TEL: 407-261-5727 FAX: 407-261-5728**

February 4, 2003

Annual Report
Uniform Business Report Section
P.O. Box 6327
Tallahassee, FL 32314

Attention: Mr. Tyrone Scott
Document Specialist

Ref. Number: P02000049785

Dear Sir,

After reviewing your letter sent on January 15, 2003, please find attached the Article of Incorporation of GM Merchandise Inc. and the report .

If you need further information, please do not hesitate to contact me at (407) 261-5731.

Sincerely,

Linda McMahan

Linda McMahan

President