

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90510 022 ***150.00

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DOCUMENT # P02000075533

1. Entity Name
GWB INDUSTRIES, INC.



Principal Place of Business
**4136 FAIRWAY DR.
NORTH PORT FL 34287**

Mailing Address
**4136 FAIRWAY DR.
NORTH PORT FL 34287**



2. Principal Place of Business

131 REVERE ST. N.W.
Suite, Apt. #, etc.

3. Mailing Address

131 REVERE ST. N.W.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

PORT CHARLOTTE FL

City & State

PORT CHARLOTTE FL

4. PEI Number

11-6573073

Applied For

Not Applicable

Zip

33952

Country

USA

Zip

33952

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BYRD, GREGORY W
4136 FAIRWAY DR.
NORTH PORT FL 34287**

7. Name and Address of New Registered Agent

Name **GREG W. BYRD**
Street Address (P.O. Box Number is Not Acceptable)
131 REVERE STREET N.W.
City **PORT CHARLOTTE** FL Zip Code **33952**

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.

GREG W. BYRD
(NOTE: Registered Agent signature required when reinstating)

4-23-03
DATE

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** ☐ Delete
NAME **BYRD, GREGORY W**
STREET ADDRESS **4136 FAIRWAY DR.**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

GREG W BYRD

4-23-03

(239) 290-6017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)