

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90011 050 ***150.00

DOCUMENT # P05000111819

1. Entity Name

GMLW INC

DO NOT WRITE IN THIS SPACE

40094085

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

217 SHIPWRECK AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

City & State

4. FEI Number

43-2088148

Applied For

Not Applicable

Zip

Country

Zip

Country

32095

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

SAMMET, GEORGE W.

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

217 S SHIPWRECK AVE.

City

ST. AUGUSTINE

FL

Zip Code

32095

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SAMMET, GEORGE W.
217 S SHIPWRECK AVE.
ST. AUGUSTINE, FL 32095

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SAMMET, MICHELLE V.
217 S SHIPWRECK AVE.
ST. AUGUSTINE, FL 32095

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STREET ADDRESS
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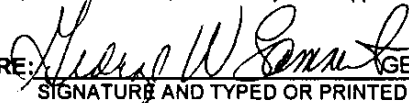
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE W. SAMMET

4/29/2006

Date

904 475-2610

Daytime Phone #