

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90060 018 ***150.00

DOCUMENT # P94000001018

1. Entity Name
G.W.O., INC.



Principal Place of Business
**9613 US HWY 301 S
RIVERVIEW FL 33569
US**

Mailing Address
**2215 GREENHILLS DR
VALRICO FL 33594**

90007233



2. Principal Place of Business
8503 E. ADAMO DR
Suite, Apt. #, etc.

3. Mailing Address
8503 E ADAMO DR
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
59-3219391

Applied For
Not Applicable

Zip
33619 Country
USA

Zip
33619 Country
USA

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

**OTTO, GUY W
2215 GREENHILLS DR
VALRICO FL 33594**

Name
OTTO, WAYNE
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
OTTO, GUY W
2215 GREENHILLS DR
VALRICO FL 33594** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
OTTO, WAYNE D
501 S. Bryan Cr
Brandon, FL 33511** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
OTTO, WAYNE D
501 S BRYAN CIRCLE
BRANDON FL 33511** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
OTTO, GUY W
2215 Greenhills Dr
Valrico, FL 33594** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 **Wayne D. Otto** **1/13/03** **813 6288717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)