2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90296 012 ***150.00

DOCUMENT # P94000093751

1. Entity Name
GMH CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
1665 PALM BEACH LAKES BLVD.	10 CAMPUS BLVD
SUITE 610	NEWTOWN SQUARE PA 19073
WEST PALM BEACH FL 33401	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 23-2792053 ☐ Applied For ☐ Not Applicable

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
F & L CORP.	Name
200 LAURA STREET	Street Address (P.O. Box Number is Not Acceptable)
3RD FLOOR	
JACKSONVILLE FL 32201-0240	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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOLLOWAY, GARY H		NAME	
STREET ADDRESS	10 CAMPUS BLVD		STREET ADDRESS	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073		CITY-ST-ZIP	
TITLE	AS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DGIUSEPPE, ROBERT		NAME	
STREET ADDRESS	10 CAMPUS BLVD		STREET ADDRESS	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073		CITY-ST-ZIP	
TITLE	VPT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBINSON, BRUCE		NAME	
STREET ADDRESS	10 CAMPUS BLVD		STREET ADDRESS	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073		CITY-ST-ZIP	
TITLE	VPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COYLE, CATHERINE		NAME	
STREET ADDRESS	10 CAMPUS BLVD		STREET ADDRESS	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073		CITY-ST-ZIP	
TITLE	AS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DERIGGI, JOHN		NAME	
STREET ADDRESS	10 CAMPUS BLVD		STREET ADDRESS	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TROPEA, FRANK III		NAME	
STREET ADDRESS	10 CAMPUS BLVD		STREET ADDRESS	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073		CITY-ST-ZIP	

CR2E034 (10/02)

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 1/9/03 610-355-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #