2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P95000036468 1. Entity Name | | | | | | | FILED | | | | | | | |
|---|--|---------------------------------|---|-------------|--|--|--------------------------|--|----------------|----------|--------------|--|------------------|--|
| G-P MX, INC. | | | | | | | 00 APR 20 PM I2: 20 | | | | | | | |
| | | | | | | | | SECRETARY OF STATE TABLESHASSEE, FLORIDA | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | IA | BLAFA | SSEE | FLO | RIDA | | |
| 2295 CORPORA SUITE 222 BOCA RATON F | | | P.O. BOX 5010 BOCA RATON FL 33431-0810 | | | | | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | - | | | | | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 11301 | 11291 (18 1811 | DO NOT W | | | 91111 91212 911 | :BI (81) (80) | |
| City & State | | | City & State | | | | 4. FEI Nur | mber | 0E-0E704 | 170 | | Ap | plied For | |
| Zip Country | | | Zip Country | | | | | | 65-05791 | | / \$ | 8.75 Add | t Applicable | |
| 6. Name and Address of Current F | | | · | | | | | | itus Desired | | rs. F∈ | e Require | | |
| | Name | | 7. Name a | and Addr | ess of New | / Regis | tered Ag | ent | | | | | | |
| THE HERRICK COMPANY, INC. 2295 CORPORATE BLVD. | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| SUITE 222 | | | | | | | | | | | | | | |
| BOC | A RATON I | FL 33431 | | | | | | | | | FL | Zip Code | 9 | |
| 8. The above | named entit | y submits this statement for t | d agent, or | both, in t | he State of | Florida | | | | | | | | |
| | | | | | | | | | | | | | | |
| SIGNATURE 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 FILE NOW!!! FEE | | | | | | | 10. | Election | Campaign | Financi | | | O May Be | |
| Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee Make Check Payable to 0 | | | | | | | e | Trust Fur | nd Contribu | tion. | | Added | to Fees | |
| 11. | PDOT | OFFICERS AND D | | 12. | | | ADDITIO | NS/CHAI | NGES TO O | FFICEF | | | | |
| TITLE NAME | PDST NORTON | HERRICK | ☐ Delete | TITL | | | | | | | L | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | RPORATE BLVD N.W. ST | E. 222 | | EET ADDRESS '- ST-ZIP | | | | | | | | | |
| TITLE | VPAS | TON FL 33431 | Delete | TITL | | | <u> </u> | 000 | | | | | Addition | |
| NAME | | HERRICK | | IE AODDESS | -05/01/0001020001 **11747.50 ****158.75 | | | | | |)01 :0 75 | | | |
| STREET ADDRESS CITY-ST-ZIP | 20 COMMUNITY PL MORRISTOWN NJ 07960 | | | | EET ADDRESS '- ST-ZIP | | | | <u> ተዋነ</u> | . 171. | . 30 . | ************************************** | ,O. 13 | |
| TITLE | VAS | _ | Delete | TITL | | VPAS | ملناه ه | - einck | | | ž | Change | Addition | |
| NAME STREET ADDRESS | MICHAEL HERRICK 20 COMMUNITY PL STRI | | | | EET ADDRESS | 20 (| ael He Comm rustou | unit | u Plan | Cl | | | | |
| CITY-ST-ZIP | MORRISTOWN NJ 07960 | | | _ | '-ST-ZIP | MOY | ristou | <u> </u> | MJ 0 | 796 | | Change | [Addition | |
| TITLE NAME | | | Delete | TITL NAM | | | | | | | Ĺ | Change | Addition | |
| STREET ADDRESS | | | | | EET ADDRESS '-ST-ZIP | | | | | | | | | |
| TITLE | | <u></u> | ☐ Delete | TITL | | | | | | • | [| Change | Addition | |
| NAME STREET ADDRESS | | | | NAM STRE | IE EET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | | | '-ST-ZIP | | | | | | <u></u> . | | _ | |
| TITLE NAME | | | ☐ Delete | TITL | | | | | | | [| Change | Addition | |
| STREET ADDRESS | | | | STRE | EET ADDRESS | | | | | | | 9 <i>#</i> : | Eurine Eurine | |
| CITY-ST-ZIP | partify that th | a information supplied with the | nis filing does not qualify for | | '-ST-ZIP | led in Sec | rtion 110 07 | (3)(i) Elo | rida Statuto | s I fort | her certif | v that the in | | |
| 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 eport 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with arraddress, with all other like empowered. SIGNATURE: | | | | | | | | | | | | | | |
| SIGNAT | URE: _ | SIGNATURE AND TYPED OR PRI | NYED NAME OF SIGNING OFFICER | OR DIREC | TOR + | there | p HORI | uck | 4/17/1 Date | סל | 54 Day | 1/24/- 1 time Phone # | 4880 | |