

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042117 ✓

1. Entity Name
GMD Associates, Inc.

Principal Place of Business Mailing Address

300 Columbia Dr
Suite 3508
Cape Canaveral, FL 32920

2. Principal Place of Business 3. Mailing Address
431 E. Central Blvd 431 E. Central Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 602 Suite 602

City & State City & State
Orlando, FL Orlando, FL

Zip Country Zip Country
32801 USA 32801 USA

6. Name and Address of Current Registered Agent

Gary M Deal
300 Columbia Dr
Suite 3508
Cape Canaveral, FL 32920

7. Name and Address of New Registered Agent

Name GARY M DEAL
Street Address (P.O. Box Number is Not Acceptable)
431 E Central Blvd
Suite 602
City Orlando, FL FL Zip Code 32801

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.

SIGNATURE Gary M Deal President/S/D/T DATE 4-3-00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSDT ☐ Delete
NAME GARY M DEAL
STREET ADDRESS 300 Columbia Dr Suite 3508
CITY-ST-ZIP Cape Canaveral, FL 32920

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSDT ☒ Change ☐ Addition
NAME GARY M DEAL
STREET ADDRESS 431 E Central Blvd, Suite 602
CITY-ST-ZIP Orlando, FL 32801

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

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

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

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

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

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY M. DEAL, President DATE 4-3-00 Daytime Phone # (407)835-8067

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90047 001 ***150.00
04-14-2000 90047 002 *****8.75

13861

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3334622 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E034 (9/99)