

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90320 017 ***150.00

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DOCUMENT # P95000042117

1. Entity Name
GMD ASSOCIATES, INC.



Principal Place of Business
431 E CENTRAL BLVD
SUITE 602
ORLANDO FL 32801
US

Mailing Address
431 E CENTRAL BLVD
SUITE 602
ORLANDO FL 32801
US

2. Principal Place of Business
431 E CENTRAL BLVD
Suite, Apt. #, etc.
SUITE 616

3. Mailing Address
431 E CENTRAL BLVD
Suite, Apt. #, etc.
SUITE 616

City & State
ORLANDO FL
Zip
32801
Country
USA

City & State
ORLANDO FL
Zip
32801
Country
USA

4. FEI Number **59-3334622** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DEAL, GARY M
431 E CENTRAL BLVD
SUITE 602
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **DEAL, GARY M**
Street Address (P.O. Box Number is Not Acceptable)
431 E CENTRAL BLVD
SUITE 616
City **ORLANDO** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *GARY M DEAL*
Signature, typed printed name of registered agent and title if applicable. **GARY M DEAL**
PSDT

(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

TITLE	PSDT	<input type="checkbox"/> Delete
NAME	DEAL, GARY M	
STREET ADDRESS	431 E CENTRAL BLVD STE 602	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAL, GARY M	
STREET ADDRESS	431 E. CENTRAL BLVD STE 616	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *GARY M DEAL*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

407-835-8067

Date

Daytime Phone #

CR2E034 (10/02)