

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90172 009 ***150.00

DOCUMENT # P96000095176

1. Entity Name

G.W. INVESTMENTS, INC.



Principal Place of Business

**1740 WISCONSIN LN
SARASOTA FL 34239**

Mailing Address

**1740 WISCONSIN LN
SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

136 GOLDEN GATE POINT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#102

City & State

City & State

SARASOTA, FL

Zip

Country

Zip

Country

34236

4. FEI Number

65-0729122

Applic 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

7. Name and Address of New Registered Agent

WATERS, GILBERT

**1740 WISCONSIN LN
SARASOTA FL 34239**

Name

Street Address (P.O. Box Number is Not Acceptable)

136 GOLDEN GATE POINT #102

City

SARASOTA

FL

Zip Code

34236

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 ☐ Delete
NAME **D**
STREET ADDRESS **WATERS, GILBERT**
CITY-ST-ZIP **1740 WISCONSIN LANE**
SARASOTA FL 34239

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

941 957 0110

Date

Daytime Phone #

CR2E034 (10/02)