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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P9700004039 **G & M MANAGEMENT CORPORATION** 01-30-2001 90105 010 ***158.75 Principal Place of Business Mailing Address 3812 RED OAK CT 3812 RED OAK CT LAKE WALES FL 33853 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE - City & State City & State 4. FEI Number Applied For 59-3445558 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALL, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 3812 RED OAK CT LAKE WALES FL 33853 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE.IS,\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE ☐ Change MICHAEL HALL NAME NAME 3812 RED OAK CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP Delete TITI F Change ☐ Addition NAME **GILLIAN HAWKINS** NAME STREET ADDRESS 3812 RED OAK CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKÉ WALES FL 33853 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE. TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppremental 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 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 all other like empowered.