

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90065 013 ***150.00

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DOCUMENT # P97000004039



1. Entity Name
G & M MANAGEMENT CORPORATION

Principal Place of Business
114 MELTON AVENUE
SEBASTIAN FL 32958
US

Mailing Address
114 MELTON AVENUE
SEBASTIAN FL 32958
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3445558

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, MICHAEL A
400 W. AIRPORT DRIVE
SEBASTIAN FL 32958

Name

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

City

FL

Zip Code

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 **P** ☐ Delete
NAME **HALL, MICHAEL**
STREET ADDRESS **109 KARRIGAN STREET**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **P** ☒ Change ☐ Addition
NAME **HALL, MICHAEL**
STREET ADDRESS **114 MELTON AVE**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **V** ☐ Delete
NAME **HALL, GILLIAN**
STREET ADDRESS **109 KARRIGAN STREET**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **V** ☒ Change ☐ Addition
NAME **HALL, GILLIAN**
STREET ADDRESS **114 MELTON AVE**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2003

Date

(772) 388 0550

Daytime Phone #

CR2E034 (10/02)