## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 29, 2001 8:00 am DOCUMENT # **P97000089326** Secretary of State 1. Entity Name G-P BOW, INC. 03-29-2001 91023 001 11.745.50 Principal Place of Business Mailing Address 2295 CORPORATE BLVD. N.W., SUITE 222 P. O. BOX 5010 BOCA RATON FL 33431-0810 BOCA RATON FL 33431-0810 66526 2. Principal Place of Business 3. Mailing Address 295 Corporate Blvd NW Suite, Apt. #, etc. Suite, Apt. #, et DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0788603 Not Applicable Zip 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 HERRICK, NORTON Street Address (P.O. Box Number is Not Acceptable) 2295 CORPORATE BLVD. N.W., SUITE 222 BOCA RATON FL 33431-0810 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPST ☐ Change Addition TITLE ☐ Delete TITI F HERRICK, NORTON NAME NAME STREET ADDRESS STREET ADDRESS 2295 CORPORATE BLVD N.W. STE. 222 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** VPAS **VPAS** ☐ Celete TITLE ☐ Addition TITLE HERRICK, HOWARD NAME Hernek, Howard NAME 2 Ridgedale Ave. Ste 370 STREET ADDRESS 20 COMMUNITY PL STREET ADDRESS Sedar Knolls NJ 07927 CITY-ST-ZIP CITY-ST-ZIP **MORRISTOWN NJ 07960** Change TITLE VPAS ☐ Addition TITLE ☐ Delete HERRICK, MICHAEL Hernck, Michael NAME NAME STREET ADDRESS 2 Ridgedale Ave, SH 370 Cedar Knolls NJ 07927 20 COMMUNITY PL STREET ADDRESS CITY-ST-7IP MORRISTOWN NJ 07960 CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE Kormalli, Nisar NAME NAME 2 Ridgedall Are Ste 370 STREET ADDRESS STREET ADORESS dedar Knows NS 07927 CITY-ST-7IP CITY-ST-ZIP CFO TITLE ☐ Delete TITLE Change Addition Klein Kobert NAME NAME Ave. Ste 370 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 filling 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 embowered 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:

SIGNATURE AND TYPE D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR