

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096139

1. Entity Name
GMC PROPERTY MANAGEMENT, INC.



FILED

03 JUN -3 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9550 REGENCY SQUARE BLVD
SUITE 902
JACKSONVILLE FL 32225
US

Mailing Address
9550 REGENCY SQUARE BLVD
SUITE 902
JACKSONVILLE FL 32225
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 85-2357650

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

7. Name and Address of New Registered Agent

MILLER, FRANK E ESQ.
200 WEST FORSYTH ST,
SUITE 1400
JACKSONVILLE FL 32202

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	D	☐ Delete
NAME	SIMMS, F J	
STREET ADDRESS	2647 CESERY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	☐ Delete
NAME	SIMMS, LINDA K	
STREET ADDRESS	2647 CESERY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	P	☐ Delete
NAME	SIMMS, CHRISTOPHER C.	
STREET ADDRESS	2647 CESERY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VP	☐ Delete
NAME	SIMMS, GREGORY S.	
STREET ADDRESS	2647 CESERY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

5-27-03

904-338-9524

Date Daytime Phone #

CR2E034 (10/02)