

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90035 034 ***150.00

DOCUMENT # P98000003961

1. Entity Name
GPM SERVICES, INC.

Principal Place of Business

3196 BEAR PATH
KISSIMMEE FL 34746

Mailing Address

3196 BEAR PATH
KISSIMMEE FL 34746

2. Principal Place of Business

3196 BEAR PATH

3. Mailing Address

3196 BEAR PATH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL.

City & State

Kissimmee, FL.

Zip

34746

Country

USA

Zip

34746

Country

USA

6. Name and Address of Current Registered Agent

FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

MIREYA PEREZ

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

4517 ALAQUA COURT

City

Kissimmee

FL

Zip Code

34746

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

Mireya Perez

Signature, typed or printed name of registered agent and title if applicable.

R. O. Gonzalez

NOTE: Registered Agent signature required when reappointing.

01/08/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUILLEN, MIREYA 3196 BEAR PATH KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUILLEN, ROLANDO 3196 BEAR ROAD KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUILLEN, MARISELA 3196 BEAR PATH KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREASURER / VP GUILLEN, MIREYA 3196 BEAR PATH KISSIMMEE, FL. 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR President MIREYA PEREZ 4517 ALAQUA COURT KISSIMMEE, FL. 34746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R. O. Gonzalez / Rolando Guillen 01/08/01 407 468 2785

CR2E034 (10/00)