

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-22-2001 90223 009 ***150.00

DOCUMENT # P98000096538

1. Entity Name

GM, INC.

Principal Place of Business

**5797 C LAKE WINONA RD
 DELEON SPRINGS FL 32130**

Mailing Address

**PO BOX 549
 DELEON SPRINGS FL 32130**

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

59-3547424

Applied For

Not Applicable

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

SHIRLEY, MIKE

**5797 - C LAKE WINONA RD
 DE LEON, SPRINGS FL 32130**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSD**
 STREET ADDRESS **SHIRLEY, MIKE**
 CITY-ST-ZIP **1416 INTREPID DRIVE
 DELAND FL 32724**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SHIRLEY, ROB**
 CITY-ST-ZIP **1416 INTREPID DRIVE
 DELAND FL 32724**

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **MAHLER, GARY**
 CITY-ST-ZIP **1416 INTREPID DRIVE
 DELAND FL 32724**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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
Michael Shirley

8/20/01

386-985-2569

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

Doc. # P 980000965-38
B00602492

August 20, 2001

GMR, Inc.
P.O. Box 549
DeLeon Springs, FL 32130
386-985-2569

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fla 32314

RE: 2001 Uniform Business Report
FEIN # 59-3547424
Document # P98000096538

To Whom it May Concern:

I am writing you regarding the lateness of my UBR and the penalties that have been assessed. I never received the first copy of this report, which I am told, was mailed out in January of this year. I have never been late on the previous reports and would appreciate it if you would waive the late fees on this year's filing.

~~If you have any questions, please contact me at the above number.~~

Thank you,

Michael R. Shirley

Mike Shirley, Registered Agent