

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90106 012 ***150.00

DOCUMENT # P98000096538

1. Entity Name

GMR, 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

11965 N LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

Country

Zip

Country

33436

USA

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

SHIRLEY, MIKE

5797 - C LAKE WINONA RD
DE LEON SPRINGS FL 32130

7. Name and Address of New Registered Agent

Name

MAHLER, GARY

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

11965 N LAKE DR

City

BOYNTON BEACH

FL

Zip Code

33436

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

GARY MAHLER 3/19/03

Date

Daytime Phone #

CR2E034 (10/02)