

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90174 024 \*\*\*150.00

**DOCUMENT # P98000104899**

1. Entity Name  
**GAW ASSOCIATES, INC.**



Principal Place of Business  
3208 SOUTHEAST 7TH STREET  
POMPANO BEACH, FL 33062

Mailing Address  
21928 CRICKLEWOOD TERR.  
BOCA RATON, FL 33428

2. Principal Place of Business

3. Mailing Address

227 North "M" Street  
Lake Worth, FL 33460

227 North "M" Street  
Lake Worth, FL 33460

4. FEI Number  
**65-0882848**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, EDWARD PA  
1881 UNIVERSITY DR STE 206  
CORAL SPRINGS, FL 33071

Edward P. Phillips, P.A.  
3300 University Drive, Suite 308  
Coral Springs, FL 33065

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

*Edward P. Phillips*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-30-03**

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$650.00  
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 **PS** ☐ Delete  
NAME **WEILBACHER, GLENN A**  
STREET ADDRESS **3208 SOUTHEAST 7TH STREET**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **PS** ☒ Change ☐ Addition  
NAME **Weilbacher, Glenn A.**  
STREET ADDRESS **227 North "M" Street**  
CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE **ST** ☒ Delete  
NAME **CORDES, DANIELLE**  
STREET ADDRESS **3208 SOUTHEAST 7TH STREET**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03**

Date

Daytime Phone #

CR2E034 (10/02)