

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90054 005 ***150.00

DOCUMENT # P98000106128

1. Entity Name

G & W NORTHWEST FLORIDA, INC.

Principal Place of Business

**126-128 EGLIN PARKWAY
FT WALTON BEACH FL 32548**

Mailing Address

**285-C HIGHWAY 98 E
DESTIN FL 32541**

2. Principal Place of Business

126-128 Eglin Parkway SE

Suite, Apt. #, etc.

3. Mailing Address

126-128 Eglin Parkway SE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Walton Beach FL

City & State

Ft. Walton Beach FL

4. FEI Number

59-3546649

Applied For

Not Applicable

Zip

32548

Country

Zip

32548

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****GOLENO, MICHAEL
285-C HWY.98E
DESTIN FL 32541****7. Name and Address of New Registered Agent**

Name

Michael Goleno

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

126-128 Eglin Parkway SE

City

Ft Walton Beach

FL

Zip Code

32548

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PVST	<input type="checkbox"/> Delete
NAME	GOBLE, DARREL	
STREET ADDRESS	218-B MIRACLE STRIP PKWY.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goble, Darrel	
STREET ADDRESS	218-B Miracle Strip Pkwy	
CITY-ST-ZIP	Ft Walton Beach FL 32548	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kris N. Wilson	
STREET ADDRESS	126-128 Eglin Parkway SE	
CITY-ST-ZIP	Ft. Walton Beach FL 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Goleno **Michael Goleno**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/01

Daytime Phone #

850-664-0377

CR2E034 (10/00)