

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000070826****1. Entity Name**  
**GMCWD, INC.****Principal Place of Business****1212 E. VENICE AVE.**  
**VENICE FL 34292****Mailing Address****1212 E. VENICE AVE.**  
**VENICE FL 34292****2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State****Zip****Country****Zip****Country****4. FEI Number** **65-0944430****Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****HINES, CHARLES D ESQ.**  
**1001 AVENIDA DEL CIRCO**  
**VENICE FL 34285****7. Name and Address of New Registered Agent****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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.****11. OFFICERS AND DIRECTORS****TITLE** **P** ☐ Delete  
**NAME** **TREIBER, GRANT A**  
**STREET ADDRESS** **470 WHIPPOORWILL DRIVE**  
**CITY-ST-ZIP** **VENICE FL 34293****TITLE** **VP** ☐ Delete  
**NAME** **SARNOWSKI, CHESTER III**  
**STREET ADDRESS** **650 N. RIVER RD**  
**CITY-ST-ZIP** **VENICE FL 34293****TITLE** **S** ☐ Delete  
**NAME** **CONSIDINE, MICHAEL J**  
**STREET ADDRESS** **8355 BRANDEIS CIRCLE**  
**CITY-ST-ZIP** **SARASOTA FL 34243****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **520 N. River Rd**  
**CITY-ST-ZIP** **Venice FL 34293****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**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

**Chester Sarnowski**

Date

**4-27-01**

Daytime Phone #

**941 483-3344****FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90327 001 \*\*\*\*\*8.75

05-05-2001 90327 002 \*\*\*150.00

**40958**

DO NOT WRITE IN THIS SPACE

0417650

CR2E034 (10/00)