

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90058 029 \*\*\*150.00

04090200  
 AV

**DOCUMENT # P990000086657**

1. Entity Name

**G.W.K. INVESTMENTS, INC.**

Principal Place of Business

**18391 FICHTER CREEK LN.  
 ALVA FL 33920**

Mailing Address

**18391 FICHTER CREEK LN.  
 ALVA FL 33920**

2. Principal Place of Business

**11959 S. Turner Ave**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Floral City, FL**

City & State

**FL 34436**

4. FEI Number

**65-0975762**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KOUTNY, EILEEN  
 18391 FICHTER CREEK LN.  
 ALVA FL 33920**

7. Name and Address of New Registered Agent

Name **Eileen Koutny**

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

**11959 S. Turner Ave**

City

**Floral City**

FL

**34436**

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

**Eileen G Koutny, VP**

**4.22.02**

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, 2002 Fee will be \$550.00**  
**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 **PD** ☐ Delete  
 NAME **KOUTNY, GLENN W**  
 STREET ADDRESS **18391 FICHTER CREEK LN.**  
 CITY-ST-ZIP **ALVA FL 33920**

TITLE ☒ Change ☐ Addition  
 NAME **11959 S. Turner Ave**  
 STREET ADDRESS **Floral City FL**  
 CITY-ST-ZIP **34436**

TITLE **VSTD** ☐ Delete  
 NAME **KOUTNY, EILEEN**  
 STREET ADDRESS **18391 FICHTER CREEK LN.**  
 CITY-ST-ZIP **ALVA FL 33920**

TITLE ☒ Change ☐ Addition  
 NAME **11959 S. Turner Ave**  
 STREET ADDRESS **Floral City, FL**  
 CITY-ST-ZIP **34436**

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

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:

**Eileen G Koutny**

**EILEEN G KOUTNY**

Date

**4/22/02**

Daytime Phone #

**(352) 860-2758**

CR2E034 (9/01)