

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0113405 AV

DOCUMENT # V30746

1. Entity Name
G.T.W., INC.



FILED

03 SEP 22 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
411 OXFORD RD
PALM HARBOR FL 34683

Mailing Address
411 OXFORD RD
PALM HARBOR FL 34683



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3123461

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, GERARD
411 OXFORD RD
PALM HARBOR FL 34683

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gerard Wallace*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-16-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 D ☐ Delete
NAME WALLACE, GERARD
STREET ADDRESS 411 OXFORD RD
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ Change ☐ Addition
NAME 800023362898
STREET ADDRESS 09/26/03--01059--008
CITY-ST-ZIP **150.00

TITLE D ☐ Delete
NAME WALLACE, CYNTHIA
STREET ADDRESS 411 OXFORD RD
CITY-ST-ZIP PALM HARBOR FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerard Wallace 9-16-03

CR2E034 (4/03)

9-16-03

To Whom it may Concern

I'm writing to inform you I did not receive the original notice. AND AS A MATTER OF FACT RECEIVED THIS FORM AT END OF AUG. I DID FAIL TO SEND IN THIS FORM, DUE TO OVERSIGHT ON MY PART. I COULD OF AND SHOULD OF FILED BY 9-10-03.

I'M VERY MUCH IN BUSINESS AND WANT TO CONTINUE TO MAINTAIN MY CORPORATION. I REGRET THE DELAY. ENCLOSED IS 150.00 FILING FEE. HOPEFULLY THE LATE FEE CAN BE WAIVED. AS I HAVE HAD NO PROBLEMS IN PAST YEARS

Sincerely

Shawn Wallace

PRESIDENT OF GTW INC

ANY QUESTION PLEASE CALL 727-734-2803