

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90024 008 ***150.00

DOCUMENT # V51464

1. Entity Name

THE GWB CO. OF VIRGINIA, INC.

Principal Place of Business

Mailing Address

7750 SONOMA HWY
 SUITE A
 SANTA ROSA CA 95409
 US

7750 SONOMA HWY
 SUITE A
 SANTA ROSA CA 95409-6527
 US

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

59-3142614

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, RICK
2706 ALT US 19
PALM HARBOR FL 34682-0844

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	BUTLER, WILLIAM P DR	
STREET ADDRESS	2441 N.E. LOOP 410, #2308B	
CITY-ST-ZIP	SAN ANTONIO TX 67	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARTIN, CINDY B	
STREET ADDRESS	13913 HOWLETT LINE DR	
CITY-ST-ZIP	COLONIA HGHTS, VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JUDY B	
STREET ADDRESS	7750 A SONOMA HWY	
CITY-ST-ZIP	SANTA ROSA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, VIRGINIA R	
STREET ADDRESS	732 OKUMA DRIVE	
CITY-ST-ZIP	CHESTER VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13050 PARK CROSSING Apt. 301	
CITY-ST-ZIP	SAN ANTONIO, TX 78217	
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)(l), 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:

Judy B Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00 707-833-5176

Date

Daytime Phone #

CR2E034 (9/99)