2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000005966

Entity Name: GCMS, INC.

NAPLES, FL

City-St-Zip:

FILED Aug 02, 2002 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
25 GREYS LEWES, D	STONE MANO DE 19958	R			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
25 GREYS LEWES, D	STONE MANO DE 19958	R			
FEI Number	: 51-0413716	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
	IA CT. FL 34102 L	JS submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
		nic Signature of Registered Ag		Date	
		o satisfy its Intangible Tax filing red g Trust Fund Contribution ().	quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	YERKES, JOE) Delete 4 N. TAMIAMI TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V (RALPH, ROB 1244 COBIA C) Delete T.	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE YERKES MR 08/02/2002