## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# 648024

1. Entity Name

GENERAL ECLECTIC, INC.



## FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90115 013 \*\*\*150.00

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Mailing Address PO BOX 4772 P.O. BOX 4772 SEASIDE FL 32459 US									
3. Mailing Address	5		ŀ		• • • • • • • • • • • • • • • • • • • •				
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			<b>4.</b> F	4. FEI Number 59-1965062			Applied For Not Applicable		
Zip Country		try	<b>5.</b> C	5Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
o. Name and Manager of Carlotte Registration				Name					
TROXEL, CHERYL 1066 N CO HWY 395			Street Address (P.O. Box Number is Not Acceptable)						
SANTA ROSA BCH FL 32459				-	FL	Zip Code	9		
it for the purpose of chan	ging its registere	ed office or regis	tered age	ent, or both, in the State of Florida.	i am fam	niliar with,	and accept		
gent and title if applicable.	(NOTE: Registere	d Agent signature requi	ired when rei	instating)	DATE		<del></del>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financin Trust Fund Contribution.	ng 🗆				
	11.	<u></u>	AD	DITIONS/CHANGES TO OFFICER	S AND D	RECTORS	S IN 11	1	
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	NAN STRI CITY	ME EET ADDRESS 7-ST-ZIP					Addition		
	PO BOX 4772 P.O. BOX 4772 SEASIDE FL 32458 US  3. Mailing Address Suite, Apt. #, etc City & State  Zip ant Registered Agent  at for the purpose of chan gent and title if applicable.  Do t of State  Dele  Dele	PO BOX 4772 P.O. BOX 4772 SEASIDE FL 32459 US  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	PO BOX 4772 P.O. BOX 4772 SEASIDE FL 32459 US  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	PO BOX 4772 P.O. BOX 4772 P.O. BOX 4772 SEASIDE FL 32459 US  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip  Country  5C  City  Street Address (P.O. Bo  City  City  It for the purpose of changing its registered office or registered age  City  City  To the purpose of changing its registered Agent signature required when re  DO to f State  ND DIRECTORS  11. AD  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PO 80X 4772 P.O. 80X 4772 SEASUE F. 32459 US  3. Mailing Address  Suite. Apt. #, etc.   CHECK HERE IF MA  City & State   4. FEI Number 59-1965062  Zig   Country   5. Certificate of Status Desired   check Here IF MA  In Registered Agent   7. Name and Address of New Regist Name   Street Address (P.O. Box Number is Not Acceptable)  City   City   State   9. Certificate of Status Desired   check Here IF MA  Street Address (P.O. Box Number is Not Acceptable)  Other of State   9. Election Campaign Financia Trust Fund Contribution.  Not DIRECTORS   11. ADDITIONS/CHANGES TO OFFICER   Defete   TITLE   NAME   STREET ADDRESS   CITY-51-2P   CITY-5	PO 80X 4772 P.O. BOX 4772 SEASIDE FL 32459 US  3. Mailing Address  Suite, Apt. #, exc.   CHECK HERE IF MAKING C  City & State   4. FEI Number 59-1965062  Zip   Country   7. Name and Address of New Registered Agrint Registered Ag	PO BOX 4772 P.O. BOX 4772 SASIUE R. 12859 US  3. Mailing Address  Suite. Apt. #. etc.   CHECK HERE IF MAKING CHANGES  City & State   4. FEI Number 59-1965062   Ap. No. No. No. No. No. No. No. No. No. No	PO BOX 4772 P.O. BOX 4772 SCADISC FT. 2449 US  3. Malling Address    Suits, Apt. #, etc.	

2. 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03

850.231.0265

Daytime Phone #