

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F17214**

1. Entity Name

GEDECO CORP.**ENTERED JAN 21 2001**

Principal Place of Business

**P.O. BOX 352290
PALM COAST FL 32135-2290**

Mailing Address

**18 OCEAN DUNE CIRCLE
PALM COAST FL 32137
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 **59-2124516**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GORDON, MITCHELL A
149 P SO. RIDGEWOOD AVE.
DAYTONA BEACH FL 32115**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GEORGIOULIS, CONSTANTINE	
STREET ADDRESS	APOLLONOS STREET #4	
CITY-ST-ZIP	ATHENS, GREECE 00000	

TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSENBAUM, STAN	
STREET ADDRESS	5 SHAWNEE TRL	
CITY-ST-ZIP	ORMOND BCH FL	

TITLE	VST	<input type="checkbox"/> Delete
NAME	GEORGIOULIS, IOANNIS	
STREET ADDRESS	APOLLONOS ST #4	
CITY-ST-ZIP	ATHENS, GREECE	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGIOULIS, CONSTANTINE	
STREET ADDRESS	18 OCEAN DUNE CIRCLE	
CITY-ST-ZIP	PALM COAST, FL 32137	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGIOULIS, IOANNIS	
STREET ADDRESS	18 OCEAN DUNE CIRCLE	
CITY-ST-ZIP	PALM COAST, FL 32137	

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)(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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STAN ROSENBAUM VICE PRES**2/6/2001**

Date

904 446-9248

Daytime Phone #

U0016034

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)