2002 Uniform Business Report (UBR)

DOCUI 1. Entity Name GEDECO		ļ				Secretar 03-20-2002 900	y of	Sta	te	. AV
Principal Place of Business P.O. BOX 352290 PALM COAST FL 32135-2290 2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address 18 OCEAN DUN CIRCLE PALM COAST FL 32137 US 3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
					·					
City & State		City & State			4.	4. FEI Number 59-2124516 Applied For Not Applicable]
Zip Country		Zip	try			8.75 Add				
	6. Name and Address of Current Re	gistered Agent	l	-	7.	Name and Address of New Reg				1
				Name						
GORDON, MITCHELL A 149 P SO. RIDGEWOOD AVE. DAYTONA BEACH FL 32115				Street Address (P.O. Box Number is Not Acceptable)					-	1
DAYTONA	A BEACH FL 32115			City			FL	Zip Code	e	
8. The above	named entity submits this statement for the	ne purpose of changing its	registere	ed office or	registered a	gent, or both, in the State of Floric	ia.	L		1
SIGNATURE		MOT	E. Bonistaro	d Agent signell	uro roquirod ulbon	coinstating	DATE			
	Signature, typed or printed name of registered agent and	I			re required when	ienistating)	DAIL	.		┤
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$ After May 1, 2002 Fee will to Make Check Payable to Depart			50.00	10. Election Campaign Finan Trust Fund Contribution.	cing		0 May Be I to Fees	
11.	OFFICERS AND DI	RECTORS	12.		A	DDITIONS/CHANGES TO OFFICE	ERS AND D	DIRECTORS	3 IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGOULIS, CONSTANTINE 18 OCEAN DRIVE CIRCLE PALM COAST FL 32137	☐ Delete	ll l				1	Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENBAUM, STAN 5 SHAWNEE TRL ORMOND BCH FL	☐ Delete	TITLI NAM STRE		VP Rosen 25 DC	BAUM STAN LAN DUNE CIRCLE COAST, FL 32137		Change	Addition	CRZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GEORGOULIS, IOANNIS 18 OCEAN DRIVE CIRCLE PALM COAST FL 32137	☐ Delete	ll l		, in the second			Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 13				1	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	- 11					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	CITY	E Eet address -st-zip				Change	☐ Addition	
13. I hereby of indicated of the corrections of the	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, viit	is filing does not qualify fo ue and accurate and that r ered to execute this report n all other like empowered	r the exe ny signa as requi	mption stat ture shall hared by Cha	ted in Section ave the same opter 607, Flo	n 119.07(3)(i), Florida Statutes. I fu e legal effect as if made under oat orida Statutes; and that my name a	urther certif th; that I an appears in	y that the in an officer Block 11 or	nformation or director r Block 12 if	

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-02 386-446-9248

Date Daylime Phone #