

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006695

1. Entity Name

G E S (OF MISSISSIPPI), INC.

Principal Place of Business

4952 HWY 13 S.  
MORTON MS 39117

Mailing Address

4952 HWY 13 S.  
MORTON MS 39117-9169

2. Principal Place of Business

4952 HWY 13 SOUTH

Suite, Apt. #, etc.

3. Mailing Address

4952 HWY 13 SOUTH

Suite, Apt. #, etc.

City & State

MORTON, MISS

City & State

MORTON, MISS

Zip

39117

Country

USA

Zip

39117

Country

USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

N/A

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GEORGE, KENNETH	
STREET ADDRESS	4890 HWY 13 S.	
CITY-ST-ZIP	MORTON MS 39117	
TITLE	V	<input type="checkbox"/> Delete
NAME	KUHN, DAVID	
STREET ADDRESS	RT 1 BOX 64-D	
CITY-ST-ZIP	PULASKI MS 39152	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GEORGE, CHARLOTTE	
STREET ADDRESS	4890 HWY 13 SOUTH	
CITY-ST-ZIP	MORTON MS 39117	
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	<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	
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:

Kenneth George

Date

Daytime Phone #

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90085 036 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)