

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90160 029 ***158.75

0093478 AV

DOCUMENT # G03354

1. Entity Name

GAI CONSULTANTS-SOUTHEAST, INC.

Principal Place of Business

**201 EAST PINE STREET
 SUITE 200
 ORLANDO FL 32801**

Mailing Address

**201 EAST PINE STREET
 SUITE 200
 ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

618 South Street
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

4. FEI Number

59-2246595

Applied For

Not Applicable

Zip

Country

Zip

Country

32803

Orange

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DE JIDAS, GARY M
 201 E. PINE STREET, SUITE 200
 ORLANDO FL 32801**

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

Gary M. DeJidas
 Signature, typed or printed name of registered agent and title if applicable.

Gary M. DeJidas President

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
 NAME **SMITH, LANE R.**
 STREET ADDRESS **3298 TIMUCUA CIRCLE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **V** ☐ Change ☒ Addition
 NAME **Palvisak, Karl S.**
 STREET ADDRESS **3718 Gatlin Woods Drive**
 CITY-ST-ZIP **Orlando, FL 32812** ☐ Change ☐ Addition

TITLE **PD** ☐ Delete
 NAME **DEJIDAS, GARY M**
 STREET ADDRESS **1436 CAMPBELL ST**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **VAUGHN, STEVE D**
 STREET ADDRESS **450 S. ELLIOTT AVE.**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSD** ☐ Delete
 NAME **SIEVERS, JEFFERY**
 STREET ADDRESS **7445 PINE MOUNT DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **HARRISON, GRACE**
 STREET ADDRESS **2206 E CONCORD ST**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **KENNINGTON, DONALD E**
 STREET ADDRESS **2111 EAST CONCORD ST.**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

Gary M. DeJidas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary M. DeJidas President

407-423-8398

Date

Daytime Phone #

CR2E034 (9/01)