

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90295 042 ***158.75

0677911 FP

DOCUMENT # G03354

1. Entity Name
GAI CONSULTANTS-SOUTHEAST, INC.



Principal Place of Business
~~201 EAST PINE STREET~~
~~SUITE 200~~
ORLANDO FL 32801

Mailing Address
~~218 SOUTH STREET~~
ORLANDO FL 32803
US

11019559



2. Principal Place of Business

618 East South Street

Suite, Apt. #, etc.

3. Mailing Address

618 East South Street

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number **59-2246595**

Applied For
Not Applicable

Zip Country
32801 USA

Zip Country
32801 USA

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

☒ CHECK HERE IF MAKING CHANGES

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)
618 East South Street

City Zip Code
Orlando FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gary M. DeJidas* **GARY M. DeJidas**

DATE **2/23/03**

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 Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE **V** ☐ Delete
NAME **KENNINGTON, DONALD E**
STREET ADDRESS ~~2111 EAST CONCORD ST~~ **7212 Somersworth Dr**
CITY-ST-ZIP **ORLANDO FL 32803** **Orlando, FL 32835**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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: *Gary M. DeJidas* **GARY M. DeJidas**

DATE **2/23/03**

DAYTIME PHONE # **407-423-8398**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)