

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G52925**

1. Entity Name

GEORGE SALES COMPANY, INC.

Principal Place of Business

Mailing Address

**4021 ORKNEY AVE.
ORLANDO FL 32809****4021 ORKNEY AVE.
ORLANDO FL 32809-4534**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GEORGE, STELLA M.
4021 ORKNEY AVE.
ORLANDO FL 32809**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-2344088Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

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, 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, STELLA M	
STREET ADDRESS	4021 ORKNEY AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GEORGE, CHESTER I	
STREET ADDRESS	4021 ORKNEY AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	

TITLE	SD	<input type="checkbox"/> Delete
NAME	GEORGE, DENISE M	
STREET ADDRESS	4021 ORKNEY AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	

TITLE	TD	<input type="checkbox"/> Delete
NAME	GEORGE, KIM JOSEPH	
STREET ADDRESS	4021 ORKNEY AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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STREET ADDRESS	
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CITY-ST-ZIP	
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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:**CHESTER I. GEORGE, VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/25/00**
Date**407-351-6994**
Daytime Phone #**FILED**
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90015 014 ***150.00

911387

DO NOT WRITE IN THIS SPACE