2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G52925 **DOCUMENT #**



FILED Jan 16, 2003 8:00 am Secretary of State

1. Entity Na GEORGE	me E SALES CON	MPANY, INC.				01-16-2003 90139 003 ***150.00					
Principal Place of Business 4021 ORKNEY AVE. ORLANDO FL 32809 Mailing Address 4021 ORKNEY AVE. ORLANDO FL 32809 ORLANDO FL 32809							- ; Calini; are; chila heir lang hang ann are; enem eien eien eien aren aren aren				
2. Principal	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE	E IF MAKING C	HANGES		
City & State			City & State		4. FEI	Number 59-234408 8	Applied For Not Applicable			7	
Zip Country			Zip	Count		5. Cer	rtificate of Status Desired		3.75 Adde Require	ditional	"
6. Name and Address of Current Registered Agent						7. Nan	me and Address of New	Registered Ag	ent	· ·	_
1 f	· · ·				Name	ece C	USCTED T]
**3	, STELLA M.			ŀ	Street Address (P.O. Box Number is Not Acceptable)						1
4021 ORKNEY AVE.					4021	ORKI	NEY AVENUE	ســـــ			┦
UKLAND	O FL 32809				OBLA	THOO!	and the second second				
	5 (FA)				City		, ,	FL	Zip Cod	e ana	1
8. The above	named entity sub	mits this statement	for the purpose of changing it	s registere	d office or reg	istered agent,	, or both, in the State of Fl		niliar with,	and accept	┨
the obliga	tions of registered	agent. ed name of registered age	Lunge		Agent signature rec			/14/6 DATE	3		
F	ILE NOW!!! FE	E IS \$150.00					O Flooring Committee F	·	05.0		1
		e will be \$550.00 rida Department					 Election Campaign Fi Trust Fund Contribution 			May Be to Fees	
10.	T	OFFICERS AN	D DIRECTORS	11.		ADDIT	TIONS/CHANGES TO OFF	FICERS AND D	RECTORS	S IN 11	1_
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iame Treet adoress	George, Deni 4021 Orkney			NAME	ADDRESS 4	sorge,	DENISE M. KNEY AVE.				
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AME	GEORGE, KIM	JOSEPH	25,50	NAME				_] Onlange		
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TY-ST-ZIP			ā.	CITY-S	T-ZIP	1					
			th this filing does not qualify fo		340						

indicated on this report or supplied with this inling does not quality 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR