

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90243 036 ***150.00

DOCUMENT # J67933

1. Entity Name
GET ORGANIZED, INC.



Principal Place of Business
1904 BRENGIE AVENUE
ORLANDO FL 32808
US

Mailing Address
8207 WHITE SWAN COURT
ORLANDO FL 32836
US



2. Principal Place of Business

3. Mailing Address
1461 Glenwick Dr.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Windermere, FL

4. FEI Number **59-2794728**

Applied For
Not Applicable

Zip **Country**

Zip **Country**
34786 **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENKIRAN, M. HAMED
8207 WHITE SWAN COURT
ORLANDO FL 32836

Name **M'hamed Benkiran**
Street Address (P.O. Box Number is Not Acceptable)
1461 Glenwick Dr.
City **Windermere** **FL** **Zip Code** **34786**

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

Signature, typed or printed name of registered agent, if applicable

(Typed name of registered agent, if applicable)

M'hamed Benkiran, Registered Agent

2/1/3

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CSTP	<input type="checkbox"/> Delete
NAME	BENKIRAN, M'HAMED	
STREET ADDRESS	8207 WHITE SWAN COURT	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIGLIO-BENKIRAN, MICHELE	
STREET ADDRESS	8207 WHITE SWAN COURT	
CITY-ST-ZIP	ORLANDO FL 32836	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1461 Glenwick Dr.	
CITY-ST-ZIP	Windermere, FL 34786	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1461 Glenwick Dr.	
CITY-ST-ZIP	Windermere, FL 34786	
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		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/3 407-291-1533

CR2E034 (10/02)