

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90171 022 \*\*\*150.00

**DOCUMENT # M84953**

1. Entity Name

**GEB PALLETES INC.**

Principal Place of Business

**1984 SHERWOOD  
 CLEARWATER FL 33758**

Mailing Address

**P.O. BOX 6422  
 CLEARWATER FL 33758**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2902118**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BLAKELY, GEORGE E  
 4500 EAST BAY  
 CLEARWATER FL 34624**

Name **GEORGE E BLAKELY**

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

**10403 LA QUAT. DR**

City **PORT RICHIE**

**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

*George E Blakely*

(NOTE: Registered Agent signature required when reinstating)

**4-30-02**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BLAKELY, GEORGE E</b>	
STREET ADDRESS	<b>4500 EAST BAY</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BLAKELY GEORGE E</b>	
STREET ADDRESS	<b>10403 LA QUAT</b>	
CITY-ST-ZIP	<b>PORT RICHIE FL</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George E Blakely*

**4-30-02**

Date

Daytime Phone #

CR2E034 (9/01)