

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90971 039 ***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

728 AUCHOYA RD

3. Mailing Address

P.O. Box 8934

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS

City & State

NOVATOY FL

Zip

34689

Country

FLORIDA

Zip

34691

Country

FLORIDA

4. FEI Number

59-2902118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLAKELY, GEORGE E
10403 LAQUAT DRIVE
PORT RICHEY FL 34624**

7. Name and Address of New Registered Agent

Name

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

City

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

SIGNATURE **GEORGE E BLAKELY**

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reappointing)

DATE

4-28-03

**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 **P** ☐ Delete
NAME **BLAKELY, GEORGE E**
STREET ADDRESS **10403 LAQUAT DRIVE**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **GEORGE E BLAKELY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

727-942-8880

Daytime Phone #

CR2E034 (10/02)