

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038900

1. Entity Name
GEORGIA, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90013 025 ***150.00

Principal Place of Business
**1800 2ND ST., SUITE 855
SARASOTA FL 34236**

Mailing Address
**1800 2ND ST., SUITE 855
SARASOTA FL 34236**

913000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1435 MAIN ST
Suite, Apt. #, etc.

3. Mailing Address
1435 MAIN ST.
Suite, Apt. #, etc.

City & State
SARASOTA, FL.
Zip Country
34236 SARASOTA

City & State
SARASOTA, FL.
Zip Country
34236 SARASOTA

4. FEI Number
05-1000744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, JAMES C
1800 2ND ST., SUITE 855
SARASOTA FL 34236**

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.

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	CLARK, JAMES C	
STREET ADDRESS	1800 2ND ST., SUITE 855	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	VICTORIA NASELARIS	
STREET ADDRESS	1435 MAIN ST.	
CITY-ST-ZIP	SARASOTA, FL. 34236	
TITLE	GEN. MANAGER	<input type="checkbox"/> Delete
NAME	GEORGE NASELARIS	
STREET ADDRESS	1435 MAIN ST.	
CITY-ST-ZIP	SARASOTA, FL. 34236	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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	

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 NASELARIS

Date

1/19/01

Daytime Phone #

941-366-3462

CR2E034 (10/00)

11720