

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91611 027 \*\*\*158.75

DOCUMENT # P00000074017

1. Entity Name

C. GEORGES & Company, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2657 44th STREET S.  
Suite, Apt. #, etc.

3. Mailing Address

2657 44th STREET S.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Gulfport, FLORIDA

City & State

Gulfport, FLORIDA

4. FEI Number

59-3663101

Applied For

Not Applicable

Zip

33711

Country

U.S.A.

Zip

33711

Country

U.S.A.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CAROL B. GEORGES

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

2657 44th STREET SOUTH

City

Gulfport

FL

Zip Code

33711

**DO NOT WRITE  
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	V/T
NAME	Carol B. Georges
STREET ADDRESS	2657 44th STREET SOUTH
CITY-ST-ZIP	GULFPORT, FLORIDA 33711
TITLE	P/S
NAME	Christopher W. Georges
STREET ADDRESS	2657 44th STREET SOUTH
CITY-ST-ZIP	Gulfport, FLORIDA 33711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 (127) 322-2617

Date

Daytime Phone #

CR2034B (12/01)