

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90353 033 ***150.00

DOCUMENT # *P01000063575*
1. Entity Name
GES OF ST PETERSBURG, INC

DO NOT WRITE IN THIS SPACE

80053918

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1800-16TH ST N
Suite, Apt. #, etc.

3. Mailing Address
1800-16TH ST N
Suite, Apt. #, etc.

City & State
ST PETERSBURG, FL

City & State
ST PETERSBURG, FL

Zip
33704 Country
USA

Zip
33704 Country
USA

4. FEI Number
59-374263

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GURO SELAMAJ

Street Address (P.O. Box Number is Not Acceptable)
1635-16TH ST N

City
ST PETERSBURG FL Zip Code
33704

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 *X Guro Selamaj*
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>D GURO B SELAMAJ 1635-16TH ST N ST PETERSBURG, FL 33704</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *X Guro Selamaj*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)