## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # PO1000064595

## **FILED** Mar 10, 2002 8:00 am Secretary of State 01-24-2002 90165 002 \*\*\*150.00

| GEG Investment Properties Inc.  |                  |       |   |                                   |
|---|------------------|-------|---|-----------------------------------|
| DO NOT WRITE IN THIS SPACE  |                  |       | 10  | ) <b>)</b> ( U                    |
| 2. Principal Place of Business  1.2 W. Hillsborough  Suite, Apr. #, etc.  H. 137  City & State  City & State  City & State  |                  |       | DO NOT WRITE IN THIS SPACE  4. FEI Number   Applied For |                                   |
| City & State Tampa To   | Tange FL Country |       | 59-3728676  | Not Applicable                    |
| 33635-9762 Country  | 33635-5762       | USA ! | . Certificate of Status Desired                         | \$8.75 Additional<br>Fee Required |
| DO NOT WRITE Street Add   |                  |       | <del></del>   |                                   |
| 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 passed registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |                  |       |   |                                   |
| 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.   |                  |       |   |                                   |
| 11. OFFICERS AND DI<br>TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA  FL 3360   | Ave # 137 STR    | į.    |   | CRZE034B (12/01)                  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  |                  | · •   |   | CRZE                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                  | Y     | DO NOT WRI  | <u>TE</u>                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | •                | ž .   | IN THIS SPAC  | E                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | t e              | 1     |   |                                   |
| TITLE 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 on an attachment with an address, with all other like empowered. |                  |       |   |                                   |
| SIGNATURE: SUC THAN THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR  |                  |       |   |                                   |