

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093645

1. Entity Name  
GJEK PRECAJ, INC.

Principal Place of Business  
2130 E. BAY DRIVE  
LARGO FL 33771

Mailing Address  
2130 E. BAY DRIVE  
LARGO FL 33771

2. Principal Place of Business

3. Mailing Address  
3435 DAHLIA PLACE  
BUILDING B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33771 PINELLAS

4. FEI Number

59-3748241

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRECAJ, GJEK  
2130 E. BAY DRIVE  
LARGO FL 33771

7. Name and Address of New Registered Agent

Name: PRECAJ, GJEK  
Street Address (P.O. Box Number is Not Acceptable): 3435 DAHLIA PLACE BUILDING B  
City: LARGO FL Zip Code: 33771

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: GJEK Precaj

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-2002

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, 2002 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           | PRECAJ, GJEK      |  |
| STREET ADDRESS | 2130 E. BAY DRIVE |  |
| CITY-ST-ZIP    | LARGO FL 33771    |  |
| TITLE          | P                 | <input checked="" type="checkbox"/> Delete |
| NAME           | PRECAJ, GENTIAN   |  |
| STREET ADDRESS | 2130 E. BAY DRIVE |  |
| CITY-ST-ZIP    | LARGO FL 33771    |  |
| 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    |                   |  |
| 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 |
| 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 |
| 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:

GJEK Precaj

1-4-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

FILED  
Jan 08, 2002 8:00 am  
Secretary of State  
01-08-2002 90004 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0061800 AV

CR2E034 (9/01)