

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91049 008 \*\*\*150.00

MAKAS AV

**DOCUMENT # P02000043382**

1. Entity Name

**G.E.S. ELECTRICAL CONTRACTING, INC.**



Principal Place of Business

**6611 LONG BAY LN.  
TAMPA FL 33615**

Mailing Address

**P.O. BOX 531  
ODESA FL 33556**

2. Principal Place of Business

**7632 Jenner Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**7632 Jenner Ave**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**New Port Richey FL**

City & State

**New Port Richey, FL**

4. FEI Number

**470860755**

Applied For

Not Applicable

Zip

**34655**

Country

**PASCO**

Zip

**34655**

Country

**PASCO**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BEDUSA, GREGORY**

**4307 TALL OAK LN.**

**NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name

**Bedusa Gregory**  
Street Address (P.O. Box Number is Not Acceptable)  
**7632 Jenner Ave**

City

**New Port Richey**

FL

Zip Code

**34655**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**President**

**4/3/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **BEDUSA, GREGORY**  
STREET ADDRESS **4307 TALL OAK LN.**  
CITY-ST-ZIP **MEW PORT RICHEY FL 34653- US**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **Bedusa, Gregory**  
STREET ADDRESS **7632 Jenner Ave**  
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
**President**

**4/3/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)