

FILED  
Jun 27, 2003 8:00 am  
Secretary of State

05-05-2003 90845 001 \*\*\*300.00

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**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |     |                                                                                                                                                                                                                        |                                                                                                                 |  |
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| <b>DOCUMENT # P02000063353</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |     |                                                                                                                                                                                                                        |                                |  |
| 1. Entity Name<br><b>GES INVESTMENT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |     |                                                                                                                                                                                                                        |                                                                                                                 |  |
| Principal Place of Business<br><b>8500 HEATHER BLVD<br/>WEEKWACHEE FL 34613</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |     | Mailing Address<br><b>8500 HEATHER BLVD<br/>WEEKWACHEE FL 34613</b>                                                                                                                                                    |                                                                                                                 |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    |     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                              |                                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |     | City & State                                                                                                                                                                                                           |                                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                            | Zip | Country                                                                                                                                                                                                                | 4. FEI Number<br><b>20-0028515</b>                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |     |                                                                                                                                                                                                                        | Applied For<br>Not Applicable                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |     |                                                                                                                                                                                                                        | \$8.75 Additional Fee Required                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><del>WHITEHEAD, WILLIAM H</del><br><del>2116 MAIN ST</del><br><del>BROOKSVILLE FL 34601</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    |     | 7. Name and Address of New Registered Agent<br>Name: <b>GERALD EVAN SASLAW</b><br>Street Address (P.O. Box Number is Not Acceptable):<br><b>8500 HEATHER BLVD</b><br>City: <b>WEEKWACHEE</b> FL Zip Code: <b>34613</b> |                                                                                                                 |  |
| 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.<br>Signature: <i>Gerald E. Saslaw</i> DATE: <b>6/23/03</b><br><small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                             |                                                                                                    |     |                                                                                                                                                                                                                        |                                                                                                                 |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |     |                                                                                                                                                                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                  |                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br>SASLAW, GERALD E<br>8500 HEATHER BLVD<br>WEEKWACHEE FL 34613 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                    |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                    |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                    |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                    |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                    |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| 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: <i>Gerald E. Saslaw</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |     |                                                                                                                                                                                                                        |                                                                                                                 |  |

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☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment

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| <b>Form SS-4</b><br>(Rev. December 2001)<br>Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                  |                                                                   | <b>Application for Employer Identification Number</b><br>(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)<br>▶ See separate instructions for each line. ▶ Keep a copy for your records. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>EIN</b><br><br>20-0028515- ✓<br><br>OMB No. 1545-0003        |                                                                                             |
| 1* Legal name of entity (or individual) for whom the EIN is being requested<br>GERALD EVAN SASLAW                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                             |
| 2 Trade name of business (if different from name on line 1)<br>GES INVESTMENT GROUP INC                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                                                                                                                                                                                                                                                                     | 3 Executor, trustee, "care of" name                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                                                                                             |
| 4a* Mailing address (room, apt., suite no. and street, or P.O. box)<br>8500 Heather Blvd                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                                                                                                                                                                     | 5a Street address (if different) (Do not enter a P.O. box)                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                             |
| 4b* City, state, and ZIP code<br>Brooksville FL 34613                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                                                                                                                                                                                                     | 5b City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                                                                             |
| 6* County and state where principal business is located<br>County Hernando State FL                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                             |
| 7a* Name of principal officer, general partner, grantor, owner, or trustee<br>Gerald Evan Saslaw                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                                                                                                                                                                                                                                                                     | 7b* SSN, ITIN, EIN<br>265-68-3685                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                                                                                             |
| 8a* Type of entity (check only one)<br><input type="checkbox"/> Sole Proprietor (SSN)<br><input type="checkbox"/> Partnership<br><input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 02000063353<br><input type="checkbox"/> Personal Service<br><input type="checkbox"/> Church or church-controlled organization<br><input type="checkbox"/> Other nonprofit organization (specify) ▶<br><input type="checkbox"/> Other (specify) ▶ |                                                                   |                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Estate (SSN of decedent)<br><input type="checkbox"/> Plan administrator (SSN)<br><input type="checkbox"/> Trust (SSN of grantor)<br><input type="checkbox"/> National Guard<br><input type="checkbox"/> Farmers' cooperative<br><input type="checkbox"/> REMIC<br><input type="checkbox"/> State/local government<br><input type="checkbox"/> Federal government/military<br><input type="checkbox"/> Indian tribal government/enterprises<br>Group Exemption NO. (GEN) ▶ 1234 |                                                                 |                                                                                             |
| 8b* If a corporation, name the state or foreign country (if applicable) where incorporated                                                                                                                                                                                                                                                                                                                                                                          |                                                                   | State<br>FL                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Foreign country                                                 |                                                                                             |
| 9* Reason for applying (check only one)<br><input checked="" type="checkbox"/> Started new business (specify type)<br>▶ REQUIRED BY IRS<br><input type="checkbox"/> Hired employees (Check the box and see line 12)<br><input type="checkbox"/> Compliance with IRS withholding regulations<br><input type="checkbox"/> Other (specify) ▶                                                                                                                           |                                                                   |                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Banking purpose (specify purpose) ▶<br><input type="checkbox"/> Changed type of organization (specify new type) ▶<br><input type="checkbox"/> Purchased going business<br><input type="checkbox"/> Created a trust (specify type) ▶<br><input type="checkbox"/> Created a pension plan (specify type) ▶                                                                                                                                                                        |                                                                 |                                                                                             |
| 10* Date business started or acquired (month, day, year)<br>JUN 7 2002                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                                                                                                                                                                                                                                     | 11* Closing month of accounting year<br>DEC                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                                                                                             |
| 12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ..... ▶ DEC 29 2003                                                                                                                                                                                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                             |
| 13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-".                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Agriculture <u>0</u> Household <u>0</u> Other <u>0</u>          |                                                                                             |
| 14* Check box that best describes the principal activity of your business<br><input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing<br><input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance<br><input type="checkbox"/> Other (specify)                                                               |                                                                   |                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Health care & social assistance<br><input type="checkbox"/> Accommodation & food service<br><input type="checkbox"/> Retail                                                                                                                                                                                                                                                                                                                                                    |                                                                 | <input type="checkbox"/> Wholesale agent/broker<br><input type="checkbox"/> Wholesale-other |
| 15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.<br>Land sales                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                             |
| 16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Note: If "Yes" please complete lines 16b and 16c.                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                             |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.<br>Legal name ▶ GERALD EVAN SASLAW<br>Trade name ▶ CONSTRUCTION PLUS                                                                                                                                                                                                                                               |                                                                   |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                             |
| 16c* Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.<br>Approximate date when filed (month, day, year)    City and state where filed    Previous EIN<br>JAN 15 1986    BROOKSVILLE FL    59 - 2951719                                                                                                                                                                           |                                                                   |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                             |
| Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.                                                                                                                                                                                                                                                                                                             |                                                                   |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                             |
| Third Party Designee                                                                                                                                                                                                                                                                                                                                                                                                                                                | Designee's name<br>GERALD SASLAW                                  |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Designee's telephone number (include area code)<br>352-596-0602 |                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Address and ZIP code<br>8500 HEATHER BLVD<br>WEEKI WACHA FL 34613 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Designee's tax number (include area code)<br>( )                |                                                                                             |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.<br>Name and title (type or print clearly)                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Applicant's telephone number (include area code)                |                                                                                             |