

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90132 030 ***150.00

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1. Entity Name
GEB, INC.

Principal Place of Business
P.O. BOX 9214
WINTER HAVEN FL 33883

Mailing Address
P.O. BOX 9214
WINTER HAVEN FL 33883

2003 174

2. Principal Place of Business
2995 CYPRESS GARDENS RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
WINTER HAVEN, FL.

City & State

4. FEI Number

Applied For

Not Applicable

Zip
33884

Country
FLK

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAIER, GERALD E
6750 LAKE WINTERSET DRIVE, SE
WINTER HAVEN FL 33884

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	BAIER, GERALD E	6750 LAKE WINTERSET DRIVE, SE	WINTER HAVEN FL 33884	<input type="checkbox"/>
PD	SUMMERS, JANICE A	6750 LAKE WINTERSET DRIVE, SE	WINTER HAVEN FL 33884	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	GERALD E. BAIER	6750 LAKE WINTERSET DRIVE	WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	POLLARD LORETTA D.	3010 POLLARD RD.	WINTER HAVEN FL 33884	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SEC. - TREASURER	TERRIE L. EZELL	13 N. WINTERSET DR. SE	WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 my address and title if otherwise empowered.

SIGNATURE:

Gerald E. Baier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

863-324-6084

Date

Daytime Phone #

CR2E034 (10/02)