

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90145 042 ***150.00

0501481
AV

DOCUMENT # P41026

1. Entity Name
G.J.O. INC.



Principal Place of Business
**337 12TH AVE.
INDIAN ROCKS BEACH FL 33785
US**

Mailing Address
**337 12TH AVE.
INDIAN ROCKS BEACH FL 33785
US**



2. Principal Place of Business
506 CROOKED PINE CT
Suite, Apt. #, etc.

3. Mailing Address
506 CROOKED PINE CT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LARGO, FL

City & State
LARGO, FL

4. FEI Number **37-1175438**

Applied For
☐ Not Applicable

Zip
33770

Country
PINELLAS

Zip
33770

Country
PINELLAS

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

OPIELA, GERALD J.
337 12TH AVE.
INDIAN ROCKS BEACH FL 33785
506 CROOKED PINE CT
LARGO, FL
33770

Name
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 **G.J. OPIELA PRES**

1/15/03

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 **CP** ☐ Delete
NAME **OPIELA, GERALD J.**
STREET ADDRESS **337 12TH AVE.**
CITY-ST-ZIP **INDIAN ROCKS BCH FL**

TITLE ☒ Change ☐ Addition
NAME **506 CROOKED PINE COURT**
STREET ADDRESS **LARGO, FL**
CITY-ST-ZIP **33770**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 OF REGISTERED AGENT
G.J. OPIELA

2/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)