

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-07-2003 90940 013 ***150.00

DOCUMENT # P94000082382

1. Entity Name
GEORGE E. GHEEN CO., INC.



Principal Place of Business
2969 HWY 20 W
FREEPORT FL 32439
US

Mailing Address
2969 HWY 20 W
FREEPORT FL 32439
US



2. Principal Place of Business

3. Mailing Address

4006 Latham Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HAYMARKET, VA

Zip

Country

Zip

Country

20169

USA

4. FEI Number

59-3278585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARKES, JOAN M
2969 HIGHWAY 20 WEST
FREEPORT FL 32439

Name

George E. Gheen

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

58 OREGON DRIVE

City

Ft. Walton Beach

FL

Zip Code

32548

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

George E. Gheen, President

(NOTE: Registered Agent signature required when reinstating)

DATE

03/14/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GHEEN, GEORGE E	
STREET ADDRESS	4 PAHOKEE LANE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GHEEN, NANCY L	
STREET ADDRESS	4 PAHOKEE LANE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARKES, JOAN M	
STREET ADDRESS	58 OREGON DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAKEMAN, GEORGIA L	
STREET ADDRESS	58 OREGON DR	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, DOROTHY G	
STREET ADDRESS	4006 LATHAM DR	
CITY-ST-ZIP	HAYMARKET VA 20169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	58 OREGON DRIVE	
CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
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		

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:

George E. Gheen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/03

(850) 837-1384

Date

Daytime Phone #

CR2E034 (10/02)