

# 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 HGWY 20 W  
FREEPORT FL 32439  
US**

Mailing Address  
**2969 HGWY 20 W  
FREEPORT FL 32439  
US**



2. Principal Place of Business

3. Mailing Address

**4006 Latham Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

**HAYMARKET, VA**

4. FEI Number

**59-3278585**

Applied For

Not Applicable

Zip

Country

Zip

Country

**20169**

**USA**

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

**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. **George E. Gheen, President**

SIGNATURE

*George E. Gheen*

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

(NOTE: Registered Agent signature required when reinstating)

**03/14/03**

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

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

DATE

**(850) 837-1384**

Daytime Phone #

CR2E034 (10/02)