

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90105 034 ***150.00

DOCUMENT # P96000063266

1. Entity Name
GYORKE'S INC.



Principal Place of Business
STATE REG. SERVICE CTR.
11351 ULMERSON ROAD RM 143 E
LARGO FL 33778-632
US

Mailing Address
698 - 8TH AVE., SOUTHWEST
LARGO FL 33770-3467



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
SUNSHINE SKYWAY S. REG. SRP
Suite, Apt. #, etc.
7900 SUNSHINE BLVD, HWY 19

3. Mailing Address
698 - 8TH AVE SW
Suite, Apt. #, etc.

City & State
PALMETTO, FL

City & State
LARGO, FL

4. FEI Number **59-3403746**

Applied For
Not Applicable

Zip
33422
Country
MANATEE

Zip
33770-3467
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

ALGER, CATHERINE G
698 - 8TH AVE., SOUTHWEST
LARGO FL 33770-3467

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALGER, CATHERINE G	NAME	
STREET ADDRESS	698 - 8TH AVE., SOUTHWEST	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770-3467	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, ROBERT F JR	NAME	
STREET ADDRESS	698 8TH AVE. SW	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 67	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 727-656-6913

Date

Daytime Phone #

CR2E034 (10/02)