

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000065452**

1. Entity Name  
**GECKO ENTERPRISES, INC.**



Principal Place of Business  
1323 SE 17TH ST  
STE 356  
FT LAUDERDALE FL 33316  
US

Mailing Address  
1323 SE 17TH ST  
STE 356  
FT LAUDERDALE FL 33316  
US

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

4. FEI Number **58-22569.16** **Applied For**  
**Not Applicable**

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KWADAS, EDWARD J JR**  
1323 SE 17TH ST  
STE 356  
FORT LAUDERDALE FL 33316

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**

TITLE **P**  Delete  
NAME **KWADAS JR, EDWARD J**  
STREET ADDRESS **1323 SE 17TH ST STE 356**  
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

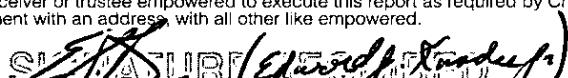
TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Feb 07, 2003 8:00 am  
Secretary of State**

02-07-2003 90071 043 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Date Daytime Phone #