

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

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90063 041 \*\*\*150.00

DOCUMENT # P 97 00 00 65646  
1. Entity Name  
GKE CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
40347 U.S. 19 N.  
Suite, Apt. #, etc.  
SUITE 231  
City & State  
TARPON SPRINGS FL

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
City & State

Zip  
34689 Country  
USA

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3489056 Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE <u>PRESIDENT DIRECTOR</u>	TITLE	TITLE	<b>DO NOT WRITE IN THIS SPACE</b>
NAME <u>ATHANASIO VERGOS</u>	NAME	NAME	
STREET ADDRESS <u>40347 U.S. 19 N. #231</u>	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP <u>TARPON SPRINGS FL 34689</u>	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	TITLE	TITLE	
NAME	NAME	NAME	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date 4/22/02 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)