

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90012 011 \*\*\*150.00

DOCUMENT # P97000075363

1. Entity Name  
**GORJA CORPORATION**

Principal Place of Business 7601 9TH ST N, STE E ST PETERSBURG FL 33702	Mailing Address 4400 44TH ST S. SAINT PETERSBURG FL 33711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>59-3466304</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>STEADMAN, PAUL R</b> 7601 9TH ST N, STE E ST PETERSBURG FL 33702				7. Name and Address of New Registered Agent Name <b>Protz, William D</b> Street Address (P.O. Box Number is Not Acceptable) <b>4400 44th Street South</b> City <b>St Petersburg</b> FL Zip Code <b>33702</b>			
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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 *William D. Protz* DATE **12/26/00**  
Signature of newly assumed name of registered agent and UBR applicant (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEADMAN, PAUL R</b>			NAME			
STREET ADDRESS	<b>7601 9TH ST N, STE E</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PROTZ, WILLIAM D</b>			NAME	<b>Protz William D</b>		
STREET ADDRESS	<b>7601 9TH ST N, STE E</b>			STREET ADDRESS	<b>4400 44th Street South</b>		
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>			CITY-ST-ZIP	<b>St. Petersburg, FL 33711</b>		
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			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *William D. Protz* DATE **12/26/00** DAYTIME PHONE # **727-867-6669**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0362168

CR2E034 (10/00)