

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
 02-26-2000 90003 001 ***150.00

DOCUMENT # P98000105923

1. Entity Name

GEORGIA - EUROPE EXPORTS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 8731
 % DONALD A. TOCE, C.P.A.
 JACKSONVILLE FL 32239

P.O. BOX 8731
 % DONALD A. TOCE, C.P.A.
 JACKSONVILLE FL 32239-0731

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

59-3556458

Applied For

Not Applicable

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

AKEL, EDWARD C
1 INDEPENDENT DR., STE. 2301
JACKSONVILLE FL 32202

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

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	TOCE, DONALD A	
STREET ADDRESS	P.O. BOX 8731	
CITY-ST-ZIP	JACKSONVILLE FL 32239	
TITLE	D	<input type="checkbox"/> Delete
NAME	POGODZINSKI, STANISLAW K	
STREET ADDRESS	8525 WALDEN GLEN DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCELHANEY, PATRICK D	
STREET ADDRESS	12815 ISLEWORTH DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32239	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALLE, HOWARD M	
STREET ADDRESS	4425 NO. BAY RD.	
CITY-ST-ZIP	JACKSONVILLE FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/00
 Date

Daytime Phone #

904-642-2901
912-882-2678

CR2E034 (9/99)