

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91741 003 \*\*\*150.00

DOCUMENT # P99000038870  
1. Entity Name

GORSKI SERVICES INC.

672249

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1779 EAGLE RIDGE BLVD.  
Suite, Apt. #, etc.

3. Mailing Address  
1779 EAGLE RIDGE BLVD.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PALM HARBOR FL  
Zip Country

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PALM HARBOR FL  
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4. FEI Number  
59-3573017  
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  
WLADYSLAW GORSKI  
Street Address (P.O. Box Number is Not Acceptable)  
1779 EAGLE RIDGE BLVD.  
City PALM HARBOR FL Zip 34685

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 *Teresa Gorski* 5-13-02  
Signature, typed or printed name of registered agent and date 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.   
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 NAME STREET ADDRESS CITY-ST-ZIP	P WLADYSLAW GORSKI 1779 EAGLE RIDGE BLVD PALM HARBOR FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa Gorski* TERESA GORSKI 5-13-02 207-789-2016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E0348 (12/01)