

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90111 011 ***150.00

LUBRON 7-1

DOCUMENT # J53856 1. Entity Name G. E. P., INC.	
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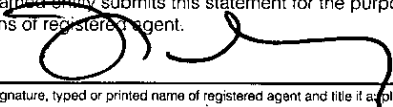
Principal Place of Business 11 A MAX BREWER PKWY STE B STE B TITUSVILLE FL 32796	Mailing Address 11 A MAX BREWER PKWY STE B STE B TITUSVILLE FL 32796
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2765342	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent INOCHOVSKY, ROMAN 8814 BAY HARBOUR BLVD ORLANDO FL
7. Name and Address of New Registered Agent Name Timothy Mahoney Street Address (P.O. Box Number is Not Acceptable) 11 A. Max Brewer Pkwy., STE B City Titusville FL Zip Code 32796	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  Timothy Mahoney 4-2-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEO <input checked="" type="checkbox"/> Delete	NAME ROMAN, INOVCHOUSKY	TITLE P Timothy Mahoney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME 11 A. Max Brewer Pkwy., STE B
STREET ADDRESS 8814 BAY HARBOUR BLVD	CITY-ST-ZIP ORLANDO FL 32836	STREET ADDRESS Titusville, FL 32796	CITY-ST-ZIP Titusville, FL 32796
TITLE TS <input type="checkbox"/> Delete	NAME PORTER, VIRGINIA	TITLE 	NAME
STREET ADDRESS 11 A MAX BREWER PKWY STE B	CITY-ST-ZIP TITUSVILLE FL 32796	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	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:  **Timothy Mahoney 4-2-03 321-383-2115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)