2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90119 037 ***150.00

DOCUMENT # P00000087343

1. Entity Name
~~GERONIMO VENTURES, INC.~~
TIA SOLID WASTE MANAGEMENT CONSULTA.

N/C FED 4/10/01

Principal Place of Business	Mailing Address
~~10012 N. DALE MABRY HWY., SUITE 223~~	~~10012 N. DALE MABRY HWY., SUITE 223~~
~~TAMPA FL 33618~~	~~TAMPA FL 33618~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14620 N. NEBRASKA AVE	SAME AS # 2
Suite, Apt. #, etc. BLDG D	Suite, Apt. #, etc.
City & State TAMPA FL	City & State
Zip 33613 / Country HILLSBOROUGH	Zip / Country

4. FEI Number 59-3676781 ☐ 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
KESSLER, MITCHELL	Name
~~10012 N. DALE MABRY HWY., SUITE 223~~	Street Address (P.O. Box Number is Not Acceptable) 14620 N NEBRASKA AVE
~~TAMPA FL 33618~~	BLDG D
	City TAMPA **FL** Zip Code 33613

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 ________________ 3/13/2001
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, 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	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	KESSLER, MITCHELL		NAME		
STREET ADDRESS	~~10012 N. DALE MABRY HWY., SUITE 223~~		STREET ADDRESS	14620 N. NEBRASKA AVE, BLDG D	
CITY-ST-ZIP	~~TAMPA FL 33618~~		CITY-ST-ZIP	TAMPA FL 33613	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: ________________ 3/14/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (10/00)