

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.

Principal Place of Business

Mailing Address

10012 N. DALE MABRY HWY., SUITE 223
TAMPA FL 33618

10012 N. DALE MABRY HWY., SUITE 223
TAMPA FL 33618

2. Principal Place of Business

3. Mailing Address

14620 N. NEBRASKA AVE

SAME AS # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG D

City & State

City & State

TAMPA FL

4. FEI Number

59-3676781

Applied For

Not Applicable

Zip
33613

Country

HILLSBOROUGH

Zip

Country

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

Name

KESSLER, MITCHELL

10012 N. DALE MABRY HWY., SUITE 223
TAMPA FL 33618

Street Address (P.O. Box Number is Not Acceptable)

14620 N. NEBRASKA AVE

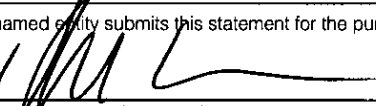
BLDG D

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/2001

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 ☐ Delete
NAME D
STREET ADDRESS KESSLER, MITCHELL
CITY-ST-ZIP 10012 N. DALE MABRY HWY., SUITE 223
TAMPA FL 33618

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14620 N. NEBRASKA AVE, BLDG D
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

3/14/2001

CR2E034 (10/00)