2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2002 8:00 am P97000033329 DOCUMENT # Secretary of State 1. Entity Name GEOTECH RUBBER, INC. 02-01-2002 90036 029 ***150.00 Mailing Address Principal Place of Business 2620 WEST INDUSTRIAL STREET P.O. BOX 491356 LEESBURG FL 34749-1356 LEESBURG FL 34749-1356 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3444168 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PULLUM, J. STEPHEN Street Address (P.O. Box Number is Not Acceptable) 1330 W. CITIZENS BLVD. SUITE 701 LEESBURG FL City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ■ Addition Detete TITLE TITLE HILL, JOE E NAME NAME 2620 WEST INDUSTRIAL STREET STREET ADDRESS STREET ADDRESS LEESBURG FL 34749-1356 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE SPRADLIN, MICHAEL W NAME NAME STREET ADDRESS 2620 WEST INDUSTRIAL STREET STREET ADDRESS LEESBURG FL 34749-1356 -CITY-ST-ZIP CITY-ST-ZIP- -Change TITLE ☐ Addition ☐ Delete TITLE HILL, WYLIE NAME NAME **2620 WEST INDUSTRIAL STREET** STREET ADDRESS STREET ADDRESS LEESBURG FL 34749-1356 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1-9-02 352-7B