

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023608

1. Entity Name
GEOAGE, INC.

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90997 044 ***150.00

0034718 AV

Principal Place of Business
4390 TRADEWINDS DRIVE
JACKSONVILLE FL 32250

Mailing Address
4390 TRADEWINDS DRIVE
JACKSONVILLE FL 32250



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3705421

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name J. DAVID LAMBERT

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

1823 SELVA GRANDE DRIVE

City ATLANTIC BEACH

FL

Zip Code 32233

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 J. DAVID LAMBERT

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

(NOTE: Registered Agent signature required when reinstating)

David Lambert 2/25/02

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, 2002 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

TITLE D
NAME ALEXANDER, JOHN FRANKLIN
STREET ADDRESS 4236 NW 58 WAY
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

TITLE D
NAME LAMBERT, J. DAVID
STREET ADDRESS 1823 SELVA GRANDE DRIVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE D
NAME MERCKEL, GERALD U
STREET ADDRESS 4390 TRADEWINDS DR.
CITY-ST-ZIP JACKSONVILLE FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Gerald Merkel* GERALD MERCKEL

2/25/02

904 821 5761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)