

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72454

Entity Name: GEOSYNTEC CONSULTANTS,INC.

FILED
Apr 23, 2024
Secretary of State
9747015438CC

Current Principal Place of Business:

900 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487

Current Mailing Address:

900 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 US

FEI Number: 59-2355134

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: LAUREN MARSHALL

04/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name GROSSMAN, AIMEE
Address 900 BROKEN SOUND PARKWAY NW
 SUITE 200
City-State-Zip: BOCA RATON FL 33487

Title VP, DIRECTOR
Name CANFIELD, DAVID
Address 900 BROKEN SOUND PARKWAY NW
 SUITE 200
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR, VP
Name KRISHNAN, GANESH
Address 1255 ROBERTS BLVD
 SUITE 200
City-State-Zip: KENNESAW, GA 30144

Title DIRECTOR, SECRETARY
Name OTHMAN, MAJDI
Address 1255 ROBERTS BLVD
 SUITE 200
City-State-Zip: KENNESAW, GA 30144

Title VP
Name JENKINS, MIKE
Address 900 BROKEN SOUND PARKWAY NW
 SUITE 200
City-State-Zip: BOCA RATON FL 33487

Title VP, DIRECTOR
Name NIMOCKS, MITCHELL
Address 900 BROKEN SOUND PARKWAY NW
 SUITE 200
City-State-Zip: BOCA RATON FL 33487

Title VP
Name PEENE, STEVE
Address 900 BROKEN SOUND PARKWAY NW
 SUITE 200
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT, DIRECTOR
Name PHLEGAR, SAMUEL W.
Address 900 BROKEN SOUND PARKWAY NW
 SUITE 200
City-State-Zip: BOCA RATON FL 33487

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAJDI OTHMAN

SECRETARY

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date