

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90356 036 ***150.00

0475853 AV

DOCUMENT # 462367

1. Entity Name
THE GENEVIEVE COMPANY

Principal Place of Business
2216 AVENUE B. SW
WINTER HAVEN FL 33880

Mailing Address
2216 AVENUE B. SW
WINTER HAVEN FL 33880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17 Crystal Waters Dr.
 Suite, Apt. #, etc.

3. Mailing Address
17 Crystal Waters Dr.
 Suite, Apt. #, etc.

City & State
Winter Haven FL
 Zip
33880
 Country
Polk

City & State
Winty Haven FL
 Zip
33880
 Country
Polk

4. FEI Number **59-1561725**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
EASON, GAYLE
2216 AVENUE B SW
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent
 Name **GAYLE EASON**
 Street Address (P.O. Box Number is Not Acceptable)
17 Crystal Waters Dr.
 City **Winter Haven** FL Zip Code **33880**

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 _____ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP | PD EASON, GAYLE 2216 AVENUE B SW WINTER HAVEN, FL 00000 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD EASON, KIMBERLY 2216 AVENUE B SW WINTER HAVEN, FL 00000 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.D. EASON, GAYLE 17 Crystal Waters Dr. Winter Haven Fla. 33880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S.D. EASON, Kimberly 17 Crystal Waters Dr. Winter Haven Fla. 33880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: **GAYLE EASON** *Gayle Eason* **3/20/02** **863-293-0453**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)