FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am **DOCUMENT # 638885 Secretary of State** GEIGER REAL ESTATE CORP. 02-03-2001 90038 004 ***150.00 Principal Place of Business Mailing Address 9250 NE 56TH ST 9250 NE 56TH ST 709997 TEMPLE TERR FL 33617 TEMPLE TERR FL 33617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1953003 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOTTLIEB, JERRY Street Address (P.O. Box Number is Not Acceptable) 2753 STATE ROAD 580, SUITE 204 **CLEARWATER FL 34621** City Zip Code 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, typed or printed name of registered agent and title if applicable. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, TITLE ☐ Change ☐ Addition TITLE ☐ Delete GEIGER, FREDERICK A NAME NAME STREET ADDRESS 9250 N 56TH ST STREET ADDRESS CITY-ST-ZIP TEMPLE TERR, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SUMMERALL, JAMES NAME NAME 9250 NORTH 56TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TEMPLE TERR FL TITLE TITLE Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE [] Change ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1 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:

IGNATURE AND TYPED OR PRIDTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

813-985-4465

Daytime Phone #