

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90097 046 ***158.75

DOCUMENT # 842696

1. Entity Name

GEONEX MARTEL, INC.

Principal Place of Business

**14100 58TH STREET NORTH
CLEARWATER FL 33760
US**

Mailing Address

**14100 58TH STREET NORTH
CLEARWATER FL 33760
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1069342

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUACKENBUSH, MICHAEL P.
AGRA BAYMONT, INC.
14100 58TH STREET NORTH
CLEARWATER FL 33760**

Name

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

City

FL

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PRENTICE, GUY	
STREET ADDRESS	2020 WINSTON PARK DRIVE SUITE 700	
CITY-ST-ZIP	OAKVILLE ON L6H6X7	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael P. Quackenbush	
STREET ADDRESS	14100 58th Street North	
CITY-ST-ZIP	Clearwater, Florida 33760	

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	IZZI, MARTIN	
STREET ADDRESS	14100 58TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33760	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rob Beveridge	
STREET ADDRESS	2020 Winston Park Drive, Suite 700	
CITY-ST-ZIP	Oakville, Ontario L6H-6X7	

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ROBERT W	
STREET ADDRESS	14100 58TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33760	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTSD	<input checked="" type="checkbox"/> Delete
NAME	QUACKENBUSH, MICHAEL P	
STREET ADDRESS	14100 58TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33760	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GALANGE, DENNIS	
STREET ADDRESS	2020 WINSTON PARK DRIVE SUITE 700	
CITY-ST-ZIP	OAKVILLE ON L6H6X7	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. Quackenbush April 29, 2002 727-539-1661

Date

Daytime Phone #

CR2E034 (9/01)