

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G72454**

1. Entity Name
GEOSYNTEC CONSULTANTS, INC.



FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90133 022 ***158.75

0436871
AV

Principal Place of Business
ONE PARK PLACE
621 N.W. 53RD STREET STE 650
BOCA RATON FL 33487
US

Mailing Address
ONE PARK PLACE
621 N.W. 53RD STREET STE 650
BOCA RATON FL 33487
US

11011879



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2355134**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PEEL, THOMAS A
621 N.W. 53RD STREET
SUITE 650
BOCA RATON FL 33487

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANGLERAT, THIERRY 339 CANAL ST. NEWPORT BEACH CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KAVAZANJIAN, EDWARD 2100 MAIN STREET, #150 HUNTINGTON BEACH CA 92648	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LUCIA, PATRICK 1112 KAITLIN PLACE CONCORD CA 94518	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONAPARTE, RUDOLPH 3861 BYRNWYCK PLACE ATLANTA GA 30319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEECH, JOHN F 3975 CHESSON CT ATLANTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEEL, THOMAS A 7391 NE 8TH COURT BOCA RATON FL 33487	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T R. Neil Davies 1100 Lake Hearn Drive Atlanta, GA 30342	<input type="checkbox"/> Change <input checked="" 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	V.P. / CFO Jon S. Dickinson 621 N.W. 53 St, #650 Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **THOMAS A. PEEL** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 **561 995-0900**
Date Daytime Phone #

CR2E034 (10/02)