2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

G88888 **DOCUMENT #**

1. Entity Name

GEARY LAW OFFICES, P.A.

Principal Place of Business



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90442 043 ***150.00

Principal Place of Business 27 E OCEAN BLVD STUART FL 34994 US		Mailing Address 27 E OCEAN BLVD STUART FL 34994 US								
2. Principal	Place of Business	3 . Ma	ailing Address				; 481			
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State				4.	4. FEI Number 59-2411546 Applied For			
Zip	Country			Cour	Country		Certificate of Status Desired	\$8.75 A	Not Applicable Additional	
	6. Name and Address of Curre	nt Register	ed Agent		<u> </u>	7.	Name and Address of New Registere	Fee Requi	ired	
GEARY,	CHARLES E		Nam <u>e</u>							
	ean blvd		Street Addre			ess (P.O. E	ss (P.O. Box Number is Not Acceptable)			
Stuart	FL 34994					 -				
2					City			Zip Co	ode	
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purp	ose of changing its	s registere	I ed office or regi	istered ag	ent, or both, in the State of Florida. I ar	n familiar with	n, and accept	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if app	licable. (NO)	TE: Registere	d Agent signature req	uired when re	instating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department	of State					9. Election Campaign Financing	\$5.	00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		AD	L DITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEARY, CHARLES E. 510 S. CAROLINA DR STUART FL		Delete		1			☐ Change		
TITLE NAME			☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP		-		-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition	

I hereby certify that the information supplied ith 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 representation of the corporation or the receiver or trustee of sowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNA IRE/REQUIRED SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR