2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J34293 **DOCUMENT #**

1. Entity Name

GEOSOLUTIONS, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90072 012 ***150.00

CHECK HERE IF MAKING CHANGES	Principal Place of Business 602 3 MAIN ST 60 S. Main Street GAINESVILLE FL 32601 US Mailing Address PO BOX 2127 GAINESVILLE FL 32602-9127 US											
Cry & State GA I PES VILLE Cry & State Country SD SP2730043 Not Applicable SD SP2730043 Not A				3. Mailing Address				i immitim menn atrit mante arma anas	E JULI GIRJU DIDUL	61611 6 1811 1	110(L0(0)) 180)	
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Substitution Subs	City & State Gaines ville FL			City & State			4. FEI Number 59-2730043					
BOYES, STEPHEN R -602 - MAIN ST - GAINESVILLE FL 32801 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 Forda. I am familiar with, and accept the obligations of registered agent. SIGNATURE	Zip Country				Country	<u> </u>	5. Certificate of Status Desired					
BOYES, STEPHEN R 602-6 MAIN ST COTY GAINESVILLE FL 32801 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 BOYES, STEPHEN R OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BOYES, STEPHEN R SIRET ADDIESS CITY ST-2P TITLE MAME SIRET ADDIESS CITY ST-2P TITLE			f Current Registere	d Agent			7. N	lame and Address of New Re	gistered Ag	ent		
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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 OF SIGNATURED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR