

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J67692

1. Entity Name

THE GEOMETRA BUILDERS CORPORATION

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90002 006 \*\*\*150.00

Principal Place of Business

Mailing Address

PO BOX 15658  
TAMPA FL 33684-5658

PO BOX 15658  
TAMPA FL 33612-5222

2. Principal Place of Business

11968 N. FLORIDA AVE

3. Mailing Address

P.O. Box #17715

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa

City & State

Tampa, Florida

4. FEI Number

59-2782183

Applied For

Not Applicable

Zip

33612-6222

Country

USA

Zip

33612-0715

Country

USA

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

DI GERLANDO, CARMEN E.  
3260 WEST HILLSBOROUGH AVE.  
SUITE 110  
TAMPA FL 33614

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 CARMEN E. DI GERLANDO PEREZ

1-28-2000

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, 2000 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 **P** ☐ Delete  
NAME **DI GERLANDO, JOSEPH**  
STREET ADDRESS **10116 LINDELAAN**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **DI GERLANDO, CARMEN**  
STREET ADDRESS **10116 LINDELAAN**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **PEREZ, CARMEN, E**  
STREET ADDRESS **10116 LINDELAAN**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2000 1-813-936-5400

Date

Daytime Phone #

CR2E034 (9/99)