

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J67692

1. Entity Name

THE GEOMETRA BUILDERS CORPORATION

Principal Place of Business

11968 N FLORIDA AVE
TAMPA FL 33612-5222
US

Mailing Address

PO BOX 17715
TAMPA 33628-7715
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2782183

Applied For
Not Applicable

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 _____
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, 2001 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	<input type="checkbox"/> Delete
NAME	DI GERLANDO, JOSEPH	
STREET ADDRESS	10116 LINDELAAN	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DI GERLANDO, CARMEN	
STREET ADDRESS	10116 LINDELAAN	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PEREZ, CARMEN, E	
STREET ADDRESS	10116 LINDELAAN	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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

Carmen E. Gerlando
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01 813-936-5400

Date

Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90028 014 ***150.00

C0008387



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)