2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K55684

| DOCUMENT # K55684 | | | | | | FILED Apr 18 2001 8:00 am | | | | |
|--|--|--|---|---------------------------------------|--|--|--------------|------------|-------------------------|--|
| 1. Entity Name GEOFFREY B. STEINER AND ASSOCIATES, P.A. | | | | | Apr 18, 2001 8:00 am Secretary of State | | | | | |
| 2529 W. BUSCH BLVD. 2 STE. 100 S FAMPA FL 33618 T | | Mailing Address 2529 W. BUSCH BLVD STE 100 TAMPA FL 33618 US | 2529 W. BUSCH BLVD STE 100 TAMPA FL 33618 | | | 130.73 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | DO NOT WRIT | E IN THIS SP | ACE | | |
| City & State | | City & State | | | 4. F | El Number 59-292650 5 | , | | Applicable | |
| Zip | Country | Zip | | try | 5. C | ertificate of Status Desired | | 8.75 Addit | tional | |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. N | ame and Address of New R | | | | |
| OTENIED OFOEDEV B | | | | Name | Name | | | | | |
| 17908 | NER, GEOFFREY B. 3 ST CROIX ISLE 2A FL 33647 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 17 440 | | | | City | | | FL | Zip Code | ; | |
| 8. The above | named entity submits this statement | for the purpose of changing i | its register | ed office or regis | stered age | ent, or both, in the State of Fl | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered age | nt and title if applicable. (N | OTE: Registere | ed Agent signature requ | ared when re | instating) | DATE | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | ole FILE NOV | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Si | | | 10. Election Campaign Fin Trust Fund Contribution | | | 0 May Be to Fees | |
| 11. | OFFICERS AN | D DIRECTORS | 12. | · | AD | I DITIONS/CHANGES TO OFI | ICERS AND | DIRECTORS | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEINER, GEOFFREY B. 17908 ST CROIX ISLE TAMPA FL | ☐ Delete | | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | 1 | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | | | | | | Change | Addition | |
| TJTLE - NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | i i | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | ST | LE ME REET ADDRESS IY-ST-ZIP | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TIT NA ST | ILS ME REET ADDRESS TV_ST_7IP | | At ATLANCE OF | | ☐ Change | ☐ Addition | |

13. I hereby certify that the information indicated on this report or supplem of the corporation or the receiver of changed, or on an attackment v

INTED NAME OF SIGNING OFFICER OR DIRECTOR

ed with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information opports 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 be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if duess, with all other like empowered.