2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K97596** 1. Entity Name GEO. INTERNATIONAL, INC. 05-02-2000 90098 003 ***158.75 Mailing Address Principal Place of Business

C/O CAROL A. GEORGE

126 WILLOW POND LANE

3. Mailing Address

Suite, Apt. #, etc.

PONTE VEDRA BCH. FL 32082

F1.	LED		
May 02, 2	2000	8:00	am
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408517 DO NOT WRITE		161 010 11 1	itti Giftt attit taat
4. FEI Number EQ 205 46EQ			Applied For
59-2954650			Not Applicable
5. Certificate of Status Desired	Y		5 Additional equired
7. Name and Address of New Re	egistered	Agent	
			
O. Box Number is Not Acceptable)			
		<u> </u>	•
	FI	Zi	p Code -
agent, or both, in the State of Flor	rida.		

City & State		City & State		4. F	4. FEI Number 59-2954650			plied For t Applicable		
Zìp	Country	Zip	Country				8.75 Additional ee Required			
	6. Name and Address of Current Re	egistered Agent	<u> </u>	7. N	lame and Addres	s of New Registere	d Agent			
			Name				_			
GEORGE, CAROL A. 126 WILLOW POND LANE		Street Addre	Street Address (P.O. Box Number is Not Acceptable)							
PONTE VEDRA BCH. FL 32082				<u>.</u>						
			City			F	L_ 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	d title if applicable. (NOTE: R	egistered Agent signature rec	quired when rei	instating)	DATE	· · · · · ·			
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			Trust Fund	ampaign Financing Contribution.	Added	0 May Be to Fees		
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANG	SES TO OFFICERS A	ND DIRECTORS	S IN 11		
TITLE	VSD	☐ Delete	TITLE				☐ Change	☐ Addition		
NAME	GEORGE, CAROL A		NAME							
STREET ADDRESS	126 WILLOW POND LANE		STREET ADDRESS					Ì		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP							
TITLE	VD	Delete	TITLE				☐ Change	☐ Addition]		
NAME	George, Douglas N		NAME							
STREET ADDRESS	126 WILLOW POND LANE		STREET ADDRESS					{		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		CITY-ST-ZIP							
TITLE	TD	☐ Delete	TITLE				☐ Change	☐ Addition		
NAME	GEORGE, KAREN E	J	NAME							
STREET ADDRESS	126 WILLOW POND LANE		STREET ADDRESS					1		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		CITY-ST-ZIP							
TITLE	PCD	☐ Delete	TITLE	<u> </u>			Change	☐ Addition		
NAME	GEORGE, VICTOR M		NAME					!		
STREET ADDRESS	126 WILLOW POND LANE		STREET ADDRESS					}		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				☐ Change	Addition		
NAME			NAME					1		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP		_	CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition		
NAME		- :	NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			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:

C/O CAROL A. GEORGE 126 WILLOW POND LANE

Suite, Apt. #, etc.

VEDRA BCH FL 32082

2. Principal Place of Business

OF SIGNING OFFICER OR DIRECTOR