

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43280

1. Entity Name

GEO-SCAN, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90059 016 ***150.00

Principal Place of Business

Mailing Address

3141 COMMERCE PKWY
MIRAMAR FL 33025
US

3141 COMMERCE PKWY
MIRAMAR FL 33025-3944
US

2. Principal Place of Business

3141 COMMERCE PARKWAY
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

MIRAMAR FLORIDA

City & State

Zip

Country

33025
US

Zip

Country

4. FEI Number

65-0185367

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

VRABEL, STEPHEN G.

50 E. SAMPLE RD. 3141 COMMERCE PARKWAY
4TH FLOOR
POMPANO BEACH FL 33064 Miramar, FL 33025

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

STEVE VRABEL

1/10/00

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 PS ☐ Delete
NAME VRABEL, STEPHEN
STREET ADDRESS 10971 NW 9TH MANOR
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE V ☐ Delete
NAME HERNANDEZ, WILMA
STREET ADDRESS 833 N. NORTHLAKE DR.
CITY-ST-ZIP HOLLYWOOD FL 33019

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE VRABEL

Date

Daytime Phone #

1/10/00

CR2E034 (9/99)