**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # L58034** GEOSAN ENTERPRISES. INC. 01-31-2001 90308 023 \*\*\*150.00 Principal Place of Business Mailing Address 12520 4TH STREET EAST 12520 4TH STREET EAST TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3009501 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIBER SR, GEORGE W. Street Address (P.O. Box Number is Not Acceptable) 12520 4TH STREET EAST TREASURE ISLAND FL 33706 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE.NOW!!! FEE.IS \$150.00 -10.-Election-Campaign Financing-Tax filing requirement and elects to do so. \$5.00-May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD TITLE ☐ Defete TITLE ☐ Change ☐ Addition FIBER, GEORGE W SR NAME STREET ADDRESS **12520 4TH STREET** STREET ADDRESS CITY-ST-7IP TREASURE ISLAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FIBER, SANDRA K NAME STREET ADDRESS **12520 4TH STREET** STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE ☐ Change ☐ Addition NAME NAME 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/01

727-360-8556

Daytime Phone #