

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90136 029 ***150.00

DOCUMENT # L91835

1. Entity Name
GEIGER ENTERPRISES, INC.



Principal Place of Business
**16350 SW 272 ST
HOMESTEAD FL 33031
US**

Mailing Address
**16350 SW 272 ST
HOMESTEAD FL 33031
US**



2. Principal Place of Business
15961 SW 284 ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 901390
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Hmstd, FL

City & State
Homestead, FL

4. FEI Number **65-0226806**

Applied For
Not Applicable

Zip **33032** Country **USA**

Zip **33090** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GEIGER, WILLIAM B.
16350 SW 272 ST
HOMESTEAD FL 33031**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GEIGER, WILLIAM B.	
STREET ADDRESS	28041 SW 162ND AVE.	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GEIGER, GINA L.	
STREET ADDRESS	28041 SW 162ND AVE.	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William B. Geiger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)