

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90002 042 \*\*\*158.75

DOCUMENT # **M85074**  
1. Entity Name **GEIST ENTERPRISES, INC.**  
**4445 BONITA BEACH RD**  
**BONITA SPRINGS, FL.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **4445 BONITA BEACH RD**  
Suite, Apt. #, etc.

3. Mailing Address **4445 BONITA BEACH RD**  
Suite, Apt. #, etc.

**54018958**

DO NOT WRITE IN THIS SPACE

City & State **BONITA SPRINGS, FL**  
Zip **34134** Country **COILIER**

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Zip **34134** Country **COILIER**

4. FEI Number **65-0054290**  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **GEIST, PAT**  
Street Address (P.O. Box Number is Not Acceptable)  
**703 S.E. 32ND TERRACE**  
City **CAPE CORAL** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$81.25**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>GEIST, PAT</b> <b>5428 SW 2ND PI</b> <b>CAPE CORAL, FL.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GEIST, PAULA</b> <b>5428 SW 2ND PI</b> <b>CAPE CORAL, FL.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>HILL, JIM</b> <b>10122 TROPICAL DR.</b> <b>BONITA SPRINGS, FL.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: \* **PATRICK GEIST**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/04** **239 992-1776**  
Date Daytime Phone #

CR2E034B (12/02)