

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 09, 2001 08:00 AM  
Secretary of State

DOCUMENT # M96909

1. Entity Name  
GECI & ASSOCIATES ENGINEERS, INC.

Principal Place of Business  
#5 SOUTH PALAFOX PLACE  
PO DRAWER 12385  
PENSACOLA FL 32501

Mailing Address  
#5 SOUTH PALAFOX PLACE  
PO DRAWER 12385  
PENSACOLA FL 32501

2. Principal Place of Business  
#5 PALAFOX PLACE

3. Mailing Address  
#5 PALAFOX PLACE

Suite, Apt. #, etc.  
PO DRAWER 12385

Suite, Apt. #, etc.  
PO DRAWER 12385

City & State  
PENSACOLA FL

City & State  
PENSACOLA FL

Zip Country  
32501

Zip Country  
32501

4. FEI Number  
59-2905088

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

GECI, STEVE ALAN  
2820 GEMORAN CT.  
  
PENSACOLA FL 32507

## 7. Name and Address of New Registered Agent

Name  
GECI, STEVE ALAN  
Street Address (P.O. Box Number is Not Acceptable)  
2820 SEMORAN CT.  
  
City  
PENSACOLA FL Zip Code  
32503

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 STEVE A GECI

01/09/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GECI, STEVE ALAN	
STREET ADDRESS	2820 GEMORAN CT.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GECI, STEVE ALAN		
STREET ADDRESS	2820 SEMORAN CT.		
CITY-ST-ZIP	PENSACOLA FL 32503		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: STEVE A GECI

P

01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**THOMAS O. MARKS, V  
3540 FIRESTONE BLVD.**

**PENSACOLA, FL. 32503**

**STEVE A GECI, P,S,T  
2820 SEMORAN CT.**

**PENSACOLA, FL. 32503**

**THOMAS O. MARKS, V  
3540 FIRESTONE BLVD.**

**PENSACOLA, FL. 32503**

**STEVE A GECI, P,S,T  
2820 SEMORAN CT.**

**PENSACOLA, FL. 32503**