

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000011263**

1. Entity Name

GEOTEC SERVICES, INC.

Principal Place of Business

**40 SOUTH LAKE STREET
LAKE BUTLER FL 32054**

Mailing Address

**PO BOX 238
LAKE BUTLER FL 32054**

2. Principal Place of Business

30 South Avenue

3. Mailing Address

Suite, Apt. #, etc.
#3

Suite, Apt. #, etc.

City & State

Lake Butler, Florida

City & State

Zip

32054

Country

USA

Zip

Country

4. FEI Number

59-3622293

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, AVERY C
255 NORTH LAKE AVE.
LAKE BUTLER FL 32054**

7. Name and Address of New Registered Agent

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

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 ☐ Delete
NAME **President**
STREET ADDRESS **Avery C. Roberts**
CITY-ST-ZIP **P.O. Box 233
Lake Butler, FL 32054**TITLE ☐ Delete
NAME **Senior Vice President**
STREET ADDRESS **Wayne B. Dukes**
CITY-ST-ZIP **P.O. Box 14
Lake Butler, FL 32054**TITLE ☐ Delete
NAME **Vice President**
STREET ADDRESS **Daniel A. Dukes, P.S.M.**
CITY-ST-ZIP **19916 NW 27th Terr
Brooker, FL 32622**TITLE ☐ Delete
NAME **Vice President**
STREET ADDRESS **Bruce D. Dukes**
CITY-ST-ZIP **P.O. Box 91
Worthington Springs, FL 32697**TITLE ☐ Delete
NAME **Secretary/Treasurer**
STREET ADDRESS **Linda C. Boles**
CITY-ST-ZIP **6798 Crystal Lake Road
Keystone Heights, FL 32656**TITLE ☐ Delete
NAME **Vice President**
STREET ADDRESS **Joseph J. Hardin**
CITY-ST-ZIP **RT. 2 Box 6028
Lake City, FL 32074**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

(904) 496-3509

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90443 021 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)