

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

03-19-2001 90443 021 \*\*\*158.75

0448164

**DOCUMENT # P00000011263**

1. Entity Name  
**GEOTEC SERVICES, INC.**

Principal Place of Business      Mailing Address  
**40 SOUTH LAKE STREET**      **PO BOX 238**  
**LAKE BUTLER FL 32054**      **LAKE BUTLER FL 32054**

2. Principal Place of Business      3. Mailing Address  
**30 South Avenue**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#3**

City & State  
**Lake Butler, Florida**

City & State

4. FEI Number  
**59-3622293**

Applied For  
 Not Applicable

Zip      Country      Zip      Country  
**32054**      **USA**

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



DO NOT WRITE IN THIS SPACE

**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 \_\_\_\_\_ (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**

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

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

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: Linda C. Boles  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-15-01      Daytime Phone #: (904) 496-3509

CR2E034 (10/00)