

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90045 030 ***150.00

DOCUMENT # P00000041020

1. Entity Name

GEOFFREY NATHAN ASSOCIATES INC.

Principal Place of Business

**EAST LOUGHLAN, JURBY EAST, JURBY
 ISLE OF MAN IM7 3EZ**

Mailing Address

**EAST LOUGHLAN, JURBY EAST, JURBY
 ISLE OF MAN IM7 3EZ**

2. Principal Place of Business

Suite, Apt. #, etc.

VICTORIA HOUSE 26 VICTORIA ST

3. Mailing Address

Suite, Apt. #, etc.

VICTORIA HOUSE 26, VICTORIA

City & State

DOUGLAS

City & State

DOUGLAS

4. FEI Number

98-0233682

Applied For

Not Applicable

Zip

IM1 2LE

Country

ISLE OF MAN

Zip

IM1 2LE

Country

ISLE OF MAN

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
 NAME **BREW, KAREN**
 STREET ADDRESS **EAST LOUGHLAN, JURBY EAST, JURBY**
 CITY-ST-ZIP **ISLE OF MAN IM7 3EZ**

TITLE **D.** ☐ Change ☒ Addition
 NAME **BUTLER MARION**
 STREET ADDRESS **9 VICTORIA PLACE, DOUGLAS**
 CITY-ST-ZIP **ISLE OF MAN IM2 4ET**

TITLE **D** ☒ Delete
 NAME **BREW, ALAN**
 STREET ADDRESS **EAST LOUGHLAN, JURBY EAST, JURBY**
 CITY-ST-ZIP **ISLE OF MAN IM7 3EZ**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

Karen Brew - KAREN BREW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/30/2001

Daytime Phone #

CR2E034 (10/00)