

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90309 027 ***150.00

DOCUMENT # P00000041020

1. Entity Name

GEOFFREY NATHAN ASSOCIATES INC.

Principal Place of Business

**VICTORIA HOUSE
 26 VICTORIA STREET
 DOUGLAS IM 1M-12L6**

Mailing Address

**VICTORIA HOUSE
 26 VICTORIA STREET
 DOUGLAS IM 1M-12L6**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2ND FLOOR, KERMODE HOUSE, PARLIAMENT STREET

Suite, Apt. #, etc.

2ND FLOOR, KERMODE HOUSE, PARLIAMENT STREET

City & State

RAMSEY

City & State

RAMSEY

Zip

IM8 1AG

Country

ISLE OF MAN

Zip

IM8 1AG

Country

ISLE OF MAN

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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, 2002 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 **SD** ☐ Delete
 NAME **BREW, KAREN**
 STREET ADDRESS **EAST LOUGHLAN, JURBY EAST, JURBY**
 CITY-ST-ZIP **ISLE OF MAN IM7 3EZ**

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

TITLE **D** ☐ Delete
 NAME **BUTLER, MARION**
 STREET ADDRESS **9 VICTORIA PLACE**
 CITY-ST-ZIP **DOUGLAS IM 1M-24ET**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **THOMSON, ALAN**
 STREET ADDRESS **45 BEMAHAGUE AVENUE, ONCHAN, I**
 CITY-ST-ZIP **ISLE OF MAN IM3 4AP**

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

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

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

TITLE ☐ Change ☐ Addition
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 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:

[Signature] **Karen Brew**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/04/02 - 00441624 814300

Date

Daytime Phone #

CR2E034 (9/01)