

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90045 025 ***150.00

DOCUMENT # P00000041025

1. Entity Name

GEOFFREY NATHAN CONSULTING 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

3. Mailing Address

Suite, Apt. #, etc.

VICTORIA HOUSE, 26 VICTORIA ST

Suite, Apt. #, etc.

VICTORIA HOUSE, 26 VICTORIA ST

City & State

DOUGLAS

City & State

DOUGLAS

Zip

IM1 2LE

Country

ISLE OF MAN

Zip

IM1 2LE

Country

ISLE OF MAN

4. FEI Number

98-0233681

Applied For

Not Applicable

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 PLAZA
CITY-ST-ZIP DOUGLAS, 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
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CITY-ST-ZIP

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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)