

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90976 005 ***150.00

DOCUMENT # P00000086175

1. Entity Name
GEOFFREY HOLDERMILLER, INC.

Principal Place of Business Mailing Address
520 FLAMINGO DRIVE 520 FLAMINGO DRIVE
APOLLO BEACH FL 33572 APOLLO BEACH FL 33572

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-3670153** 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

HOLDERMILLER, GEOFFREY L
520 FLAMINGO DRIVE
APOLLO BEACH FL 33572

Name **SMITTY SMITH**
 Street Address (P.O. Box Number is Not Acceptable)
3802 EHRLICH ROAD, SUITE 210
 City **TAMPA, FL** Zip Code **33624**

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 **D** ☐ Delete
 NAME **HOLDERMILLER, GEOFFREY L**
 STREET ADDRESS **520 FLAMINGO DRIVE**
 CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **D** ☐ Delete
 NAME **ROSTRON, SCOTT**
 STREET ADDRESS **520 FLAMINGO DRIVE**
 CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **D** ☐ Delete
 NAME **LAROCQUE, NORMAND**
 STREET ADDRESS **520 FLAMINGO DRIVE**
 CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ Delete
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TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Holdermiller, Rene**
 CITY-ST-ZIP **520 Flamingo Drive**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Apollo Beach, Florida 33572**

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: **GEOFFREY L. HOLDERMILLER** 4-27-01 813-645-0603
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)