

2002 UNIFORM BUSINESS REPORT (UBR)

4/1/

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-01-2002 90067 036 ***150.00

DOCUMENT # P01000003047

1. Entity Name

THE GEO GLOBAL GROUP, INC.

Principal Place of Business

**6406 CONGRESS ST
NEW PORT RICHEY FL 34653**

Mailing Address

**6406 CONGRESS ST
NEW PORT RICHEY FL 34653**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3704275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEPHENSON, HENRY O
6406 CONGRESS ST
NEW PORT RICHEY FL 34653**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 resigning)

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 **President** ☐ Delete
NAME **Jannefer R. Coleman**
STREET ADDRESS **1718 M STREET NW, PMB 260**
CITY- ST- ZIP **Washington DC 20034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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 ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-02 727 815-8888

CR2E034 (9/01)